

COUNTY BOROUGH OF ROCHDALE



# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year ending 31st December, 1952

**JOHN INNES, M.D., D.P.H.**  
Medical Officer of Health  
and School Medical Officer.



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C.M.E.  
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DECEMBER, 1952

*Medical Officer of Health, School Medical Officer,*

JOHN INNES, M.D., D.P.H.

*Deputy Medical Officer of Health :*

NORA MILLS, M.D.

*Senior Dental Officer :*

H. P. GLEDSDALE, L.D.S.

*Assistant Medical Officers :*MARGARET L. DENNIS, M.R.C.S., L.R.C.P.  
(M. & C.W.)MARY FALLOWFIELD-JOEL, M.B., Ch.B.  
(Sch. Med.)

JEAN M. MOORE, M.B., B.S.(LOND.)

*Dental Officer :*

R. J. G. YOUNG, L.D.S.

*Dental Attendants :*

G. PETRIE

J. M. COCKCROFT

*Lay Administrative Officer :*

S. BUTTERWORTH

*Matron, Day Time Nursery :*

E. RANKIN, S.R.N., S.R.F.N.

*Chief Sanitary Inspector :*

A. TURNER, C.S.I.B., A.R.S.I.

*Duly Authorised Officers :*

W. BEELEY

W. KERSHAW

*Senior District Sanitary Inspector :*

A. SYMONS

*Mental Health Visitor :*

JOAN R. LAMBERT

*Meat and Foods Inspector :*

J. GAWTHORPE

*Occupation Centre Superintendent :*

MRS. I. TAFTS

*Sanitary Inspectors :*

J. PEARSON

T. J. P. HENDRY

K. E. SMITH

A. HOLT

W. C. CROSSLEY

*Ambulance Officer :*

E. OSBALDESTON

*Social Worker :*

MRS. E. H. WINTER

*Health Visitors (Maternity and Child Welfare) :*

S. H. BARLOW

I. RUSHTON

E. M. MASSEY

F. THORNTON

W. REEVE

N. WHITELEY

*District Nursing Association :*Superintendent—E. M. FELSTEAD, S.R.N.,  
S.C.M., Q.N.

Asst. Super.—B. A. N. ALLWORK, S.R.N., Q.N.

M. MCCORMACK, S.R.N., S.C.M.,  
Q.N., H.V.*Health Visitors (Tuberculosis) :*

M. L. GALLIMORE

*Municipal Midwives :*

W. U. CARR

K. E. HAZELDINE

G. DOWD

V. E. S. CORRIN

S. M. HAMILTON

K. WHELAN

M. L. HARRISON

## PART TIME OFFICERS

*Ophthalmic Surgeon :*

R. STEWART SCOTT, M.B., CH.B., D.O.M.S.

*Tuberculosis Physician :*

ALBERT H. HEYWORTH, M.B., CH.B., D.P.H.

*E.N.T. Surgeon :*

V. T. SMITH, M.D., F.R.F.P.S.

*Public Analyst :*

S. E. MELLING, F.I.C.

*Family Planning Medical Officer :*

HELEN E. BARLOW, M.B., CH.B.

**To the Chairman and Members of the Health  
Committee of the County Borough of Rochdale.**

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health conditions in the County Borough of Rochdale and the work of the Public Health Department for the year 1952.

The first portion of the Report is as usual statistical in character. Mention was made last year of the fall in the population of the Borough from the Census year 1931 with 90,278 to 87,734 in the 1951 Census. This year the Registrar General's estimate shows a further fall to 86,890. This is roughly equal to the population of the town in 1905 and would suggest that the advance made by the town in roughly half a century has now been lost. This advance was made in the early stages by immigration, no doubt with the attraction of employment, coupled with a high birth rate. Between 1915 and 1931 there was a levelling out followed by the increment in 1933 of Norden and Bamford. There has been a steady decline since that period, largely due to emigration coupled with a low birth rate. Both of these are regarded as indicating a feeling of insecurity.

The main problem in this direction appears to be how to attract immigrants to an area which is forced by rising rates to economise. Unfortunately, residence in the south of England is so much more attractive, particularly nowadays when, by full employment and so many nationally agreed scales and conditions, other things are made equal.

The birth rate in the town shows a considerable increase as compared with last year, while the death rate is lower. The infantile mortality rate has improved and special mention is made of the improvements at Birch Hill Maternity Home which have contributed to this.

This year the Ministry of Health directed that a special survey should be made of the Local Health Services established in 1948. This survey was to be included in the Medical Officer of Health's Annual Report for 1952, an advance copy of it being sent to the Ministry in February, 1953. In this Report the survey is split up into sections and appears as the preliminary comment on each of the sections of the Report, e.g. Ambulance, Health Visitors, etc.

In a town the size of Rochdale and with the type and size of staff employed here, it is inevitable that there will be a considerable amount of repetition in trying to survey the different sections separately, since there are few hard and fast divisions in the Department. In particular, comment on the liaison between the



various parts of the National Health Service, i.e. Local Health Authority, Hospital and General Practitioner Services, is asked for and is made in the Report where applicable. Here it need only be said that the liaison between the various sections in this district is excellent and the best possible relations exist between the various groups of officers concerned. The governing bodies of these three sections contain a considerable number of persons who are on two or more of the appropriate Committees.

Rochdale and district was, prior to the coming into operation of the 1946 Act, comparatively well supplied with hospital beds. The result is that there are no waiting lists comparable with those which exist in many other parts of the Country and no urgent demand for hospital ward building, albeit a need for considerable internal re-organisation. In other words, it has been realised that the health problems of this generation are not answered by the widespread building of hospital beds, expensive both in money and in staff, but rather by the economical use of these beds with considerable improvement in the facilities outside hospitals, in the out-patient departments, in the clinics and in the patients' homes. The way is thus prepared at all levels for a balanced outlook on health problems, within which, and only within which, the preventive services can play their full part. It is all the more unfortunate that Local Authorities, faced with rising rates, must economise and that they tend to economise where the need is not so obvious or so urgent. The aims and the methods of Preventive Medicine are not particularly spectacular and the results are of long term value. Preventive Services, therefore, have considerable difficulty in maintaining their demand for a fair share of the restricted finances.

In the early part of the year the whole of the energies of the Department were taken up in dealing with an outbreak of Alastrim, a minor form of Smallpox. The disease was present in the district from about December until mid-April and altogether produced at least 145 cases in and around Rochdale.

In spite of this the new developments were not allowed to lapse. The Joint Consultative Committee continued to meet and consider problems of atmospheric pollution. The Joint Committee set up to deal with children neglected or ill-treated in their own homes met regularly and discussed many varied problems, although none really involved active ill-treatment. Social work amongst unmarried mothers and their children was also pursued as before with varying degrees of success.

It can definitely be said that the Mental Health Service is becoming more firmly established. In particular, the Occupation Centre had a successful year's work.

Re-housing of the population continued at a slightly accelerated rate. It is felt that most of the worst problems in the town have now been dealt with, but a large amount of substandard housing still remains to be tackled. The Housing Survey, complete for some 14,000 houses, is now in a position to provide the necessary information for the next step forward.

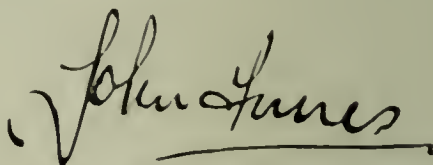
On this occasion I wish particularly to thank the members of the various sections of the staff for their hard work throughout the year, especially when the Alastrim epidemic was added to their normal problems. Here to and in the same connection I would express my gratitude to the Chairman and Members of the Health Committee for their support at that time and throughout the rest of the year.

I conclude with a separate word of thanks to the members of the office staff who have assisted in the difficult task of getting this Report finished at a reasonable stage in the year.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in cursive script, reading "John Jones", with a horizontal line underneath the name.

Medical Officer of Health  
and School Medical Officer.

24th August, 1953.



# STATISTICS.

Year ended 31st December, 1952.

Area (in acres) ... ..	9,556
Registrar-General's Estimate of Population, mid-year 1952 ...	86,890
Number of Inhabited Houses (Census 1931) ... ..	25,487
Number of Houses on Corporation Estates (December, 1952) ...	5,395
Number of Houses on Corporation Estates (December, 1951) ...	5,075
Estimated sum represented by a Penny Rate ... ..	£2,265
Rateable Value ... ..	£569,806
Estimated expenditure on Health Services provided for by rates ...	£50,510

	Total	M.	F.
<b>Live Births</b> —Legitimate	1,233 ...	661 ...	572
Illegitimate	88 ...	44 ...	44
	<u>1,321</u>	<u>705</u>	<u>616</u>

Birth-rate per 1,000 of the estimated population ... 15.2

**Still-Births 29**—Rate per 1,000 total (live and still) births ... 21.5

	Total	M.	F.
<b>Deaths</b> ... ..	1,248 ...	641 ...	607

Death-rate per 1,000 of the estimated population ... 14.4

## Deaths from Maternal Causes 1.

Rate per 1,000 total (live and still) births ... .. 0.74

## Death-rate of Infants under one year of age (52 deaths).

All infants per 1,000 live births ... .. 39

Legitimate Infants per 1,000 legitimate live births (48) ... 39

Illegitimate Infants per 1,000 illegitimate live births (4) ... 45

	Deaths	Rate per 1,000 of population
Cancer... ..	185	2.13
Tuberculosis (all forms) ...	30	0.35

## VITAL STATISTICS.

### Population.

The Registrar General's estimate of population as at mid-year 1952 is 86,890, a further considerable fall added to that which occurred between the 1931 and 1951 Census years, upon which comment was made last year. During 1952 there was a slight preponderance of births over deaths.

### Live Births.

1,321 live births (males 705, females 616) were registered as compared with 1,275 in 1951, and an average of 1,388 for the ten years 1942-1951.

The live birth-rate was equal to 15.2 per 1,000 of the estimated population as compared with the figure of 14.6 per 1,000 in the previous year and 15.3 in 1950. The average birth-rate for the ten years 1942-1951 was 16.3 per 1,000.

The 88 births registered as illegitimate accounted for 6.7% of the total births, as compared with 6.6.% in 1951 and an average of 6.4% during the previous five years.

### Still Births.

29 were registered as compared with 31 in 1951 and an average of 46 in the previous five years.

### Infant Mortality.

There were 52 deaths registered under one year of age, equal to a mortality rate of 39 per 1,000 live births registered, compared with 69 deaths and a rate of 54 last year.

No less than 33 of these 52 infant deaths occurred as Neo-natal deaths, i.e. in the first four weeks of life. Of the remaining 19 deaths, 9 were accounted for by Pneumonia.

The importance of prematurity as a cause of death of infants is admirably shown up by these figures. The reduction in the total infantile mortality from 1951 to 1952 is almost entirely due to a reduction from 47 deaths under four weeks in the former year to 33 in the latter year. That reduction is itself due to the difference between 28 deaths due to prematurity in 1951 and only 15 due to prematurity in 1952.

The following Table sets out the fate of the 114 Rochdale children who were prematurely born during the year. The Table does not include columns indicating in detail survival beyond three months, because it is not possible to follow the children born at the end of the year for more than this period, i.e., beyond the end of April, 1953.

The summary of this Table is that the child born in Rochdale so prematurely that it weighs under 3 lbs. 4 ozs. has a 25% chance of survival, whilst the child weighing at birth over 4 lbs. 6 ozs. has on an average a 90% chance of survival.

In comparison with the Table last year two features are of note, the survival of some of the children in the lowest weight group and an all round increase in the survival rate of children born in hospital. It is felt that these must have resulted from the appointment of a Consultant Paediatrician in the area and the very considerable improvements which have been made in the Premature Baby Unit at the Maternity Home.

### Premature Births during 1952.

BIRTH WEIGHT	PLACE OF BIRTH			TOTAL	DEATHS								CHILDREN SURVIVING OVER 3 MONTHS				
	Home	Birch Hill Hospital	Other Hospitals		In first 24 hours		24 hours to 7 days		7 days to 28 days			28 days to 3 months		3 MONTHS			
					H.	B. H. H.	H.	B. H. H.	H.	B. H. H.	O. H.	H.	B. H. H.	H.	B. H. H.	O. H.	Total
3 lbs. 4 ozs. or less ...	1	17	—	18	1	6	—	6	—	1	—	—	—	—	4	—	4
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	6	20	—	26	—	—	—	2	—	—	—	1	—	5	18	—	23
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	5	15	—	20	—	—	1	2	—	—	—	—	—	4	13	—	17
5 lbs to 5 lbs. 8 ozs.	12	38	—	50	1	—	—	2	—	—	—	—	—	11	36	—	47
Totals	24	90	—	114	2	6	1	12	—	1	—	1	—	20	71	—	91

Of the 114 premature births, which included 7 sets of twins, the mothers of 85 children attended the Ante-natal Clinic on an average five times during the pregnancy, although five mothers only attended once. Of the 24 children who died in this group the mothers of 16 attended the Clinic on one or more occasions.

The Table below shows comparative figures for Infantile Mortality:—

Year	Deaths Registered	Rate per 1,000 Nett Live Births	Year	Deaths Registered	Rate per 1,000 Nett Live Births
1942	90	71	1947	95	55
1943	58	46	1948	57	38
1944	67	50	1949	56	41
1945	56	44	1950	64	47
1946	75	49	1951	69	54

### Deaths from all Causes.

The deaths registered show a decrease with 1,248 (males 641, females 607) as against 1,457 in the year 1951 and 1,316 in 1950.

The death-rate from all causes was 14.4. per 1,000 of the estimated population, as compared with 16.7 in 1951 and an average of 15.3 during the ten years 1942-1951.

The chief causes of death are given in comparison with the previous year.

	Year 1952	Year 1951
Influenza ... ..	3	37
Tuberculosis ... ..	30	27
Cancer ... ..	185	210
Cerebral Haemorrhage, etc....	208	196
Heart Disease ... ..	391	499
Other Circulatory Diseases ...	79	73
Bronchitis ... ..	67	92
Pneumonia (all forms) ... ..	41	56
Nephritis and Nephrosis ... ..	7	17
Congenital Malformations ... ..	10	14
	<hr/>	<hr/>
	1,021	1,221
	<hr/>	<hr/>
Percentage of total deaths ... ..	81.8	83.7

Table I Appendix (Page 72) shows comparative mortality rates and birth rates during the past ten years, while Table II Appendix (Page 73) shows the age and sex distribution and the causes of deaths in 1952.

The following Table shows the tremendous change which has taken place in the expectation of life during the last 40 years. The picture has now so far altered that two deaths out of every three occur in persons over 65 years.

### Percentage of Deaths in year groups, distributed according to age at death.

Age Group	1911	1921	1931	1941	1951	1952
Under 15 years ... ..	31	20	11	8	6	5
15—45 years ... ..	17	15	13	11	5	5
45—65 years ... ..	26	30	32	27	25	24
65 years and over ... ..	25	34	44	53	64	66

### Respiratory Diseases.

This group of diseases caused 117 deaths as compared with 156 in 1951. Pneumonia caused 41 deaths (56), Bronchitis 67 (92) and other respiratory affections 9 deaths (8).



## Cancer.

Deaths classified to this cause and shown in the age groups below numbered 185 (males 76, females 109) as against 210 in the previous year :—

	Total deaths	Under 15 yrs.	15—45 years	46—65 years	65 years and over
Year 1952 ...	185	1	10	72	102
Year 1951 ...	210	—	11	81	118

The death rate was 2.13 per 1,000 of the estimated population as against 2.40 per 1,000 for the previous year.

The annual death rates in an area the size of Rochdale tend to fluctuate from year to year, but there is a general tendency for an increase in the Cancer deaths here as in the Country as a whole. Not all of this increase is real, some of it depends on the increased overall age of the population. There is, however, a real increase in the number of deaths from Lung Cancer. The following figures in Rochdale are of interest.

In 1946 Cancer of the Lung and Pleura caused 20 deaths (14 male, 6 female). In the present year there were 28 deaths (22 male, 6 female) from Cancer of the Lung alone.

It is of further interest to compare these figures with the number of deaths due to Pulmonary Tuberculosis this year, which total 26, (18 male and 8 female) and to compare the difference in the preventive schemes which are attached to the two diseases.

## Comparative Mortality and Birth-rates.

Rochdale does not show up well in the following comparative Table. The general death rate is higher and the birth rate lower than the rest of the Country as a whole, and in sections, while the infant mortality rate is considerably in excess of this.

	Death-rate All Causes per 1,000 of population	Live Birth-rate per 1,000 of population	Infant Mortality per 1,000 live births
<b>ROCHDALE</b> ...	14.4	15.2	39
Average 12 neighbour- ing manufacturing towns ...	12.67	15.65	34
Administrative County of Lancaster ...	12.47	14.61	30
160 County Boroughs and Great Towns ...	12.1	16.9	31.2
160 Smaller Towns (Population 25,000 to 50,000) ...	11.2	15.5	25.8
<b>ENGLAND AND WALES</b>	11.3	15.3	27.6

These provisional figures are corrected only for transfer and institutions, and make no allowance for variations in the age and sex distribution of the population in different areas.

### **Morbidity.**

The Department continues to receive from the Manager of the Local Office of the Ministry of National Insurance a weekly return of the figures of new claims to sickness benefit. This scheme of information was first mentioned in the 1949 Report. There has been no change in the form of the records which are still unanalysed and still cover an area wider than Rochdale itself, since it includes the postal districts of Whitworth and Milnrow.

There was no marked increase in sickness at any period during the year. The highest figures, and these were not much above the average, were reached in January, there being a steady decline during the months of June, July and August. This was followed by a gradual rise during the last four months of the year. In other words there was a purely seasonal distribution of illness and no important outside factor seemed to be added.

### **Unemployment.**

I am indebted to the Manager of the Rochdale Employment Exchange and the Youth Employment Officers of Rochdale and the surrounding districts for information regarding the state of unemployment in Rochdale and the adjoining districts of Wardle, Whitworth and Milnrow.

The average number of unemployed persons on the register during the year ended 31st December, 1952, was as follows:—Men 1,420, Women 2,614 making a total of 4,034. The corresponding figures in 1951 were Men 95, Women 70, totalling 165.

I am also informed that at the middle of 1952 there were approximately 48,813 insured persons (27,236 Men, 19,569 Women and 2,008 Juveniles) in employment in the area.



## **General Provision of Health Services.**

### **Administration.**

The Health Committee of the County Borough Council is responsible for the control of all the Health Services, including those established under the Health Service Act, 1946, and those previously established under various Acts. The Health Committee has allocated, but in the main not delegated, certain duties to the following Sub-Committees :—

- (a) Sanitary Sub-Committee (all Members of Health Committee), which deals with sanitation, food and drugs, meat inspection and disinfestation ;
- (b) Accounts and Staffing Sub-Committee, dealing with the two matters indicated by the title ;
- (c) Domiciliary Services Sub-Committee, dealing with Health Visitors, Municipal Midwives, Home Nursing, Domestic Helps and the Day Nursery.

In addition, the Health Committee receives direct from the Officers concerned their reports dealing with the Mental Health Service and the Ambulance Service.

The Medical Officer of Health is the responsible Executive Officer for all purposes and is assisted in such duties by a Deputy, principally concerned with School Medical work, an Assistant Medical Officer of Health for Maternity and Child Welfare, and a Lay Administrative Officer.

This arrangement has worked satisfactorily and no further extension of the Sub-Committee principle is contemplated.

### **Co-ordination and co-operation with other parts of the National Health Service.**

Hospital Management Committee—there are three members of the Health Committee on the Hospital Management Committee, including the Chairman of the Health Committee, together with the Medical Officer of Health. The latter is also a member of the Medical Advisory Committee of the Hospital Management Committee.

Local Executive Council—there are five members of the Health Committee on the Local Executive Council, including the Chairman and the Medical Officer of Health. The Chairman of the Health Committee is also Chairman of the Local Executive Council. The Medical Officer of Health is also a member of the Local Obstetrical Committee.

There is a Joint Committee with the Hospital Management Committee, Local Executive Council and Welfare Services Committee for the Care of the Aged and Chronic Sick.

### **Co-operation at Officer level.**

- (a) The Medical Officer in charge of the Child Welfare Services and one Health Visitor attend the Children's Ward of the Local General Hospital with the Paediatrician two days a week. The Consultant Paediatrician holds a monthly clinic in the Health Department for his own cases referred from hospital and cases referred from the Child Welfare clinics for his opinion. The Health Visitors carry out the necessary follow-up work for hospital cases as well as for clinic cases.
- (b) A Duly Authorised Officer attends a weekly Psychiatric clinic held by the Consultant Psychiatrist at the local hospital Out-patient Department. This Officer carries out preliminary enquiries, as well as performing follow-up duties.
- (c) There are regular consultations with the Consultant Orthopaedic Surgeon on border-line cases between preventive work and curative work.
- (d) The Authority's ante-natal clinic premises are used by the Consultant Obstetrician as well as for routine clinics. On the same premises, therefore, are held ante-natal and post-natal consultant clinics, routine ante-natal clinics for general purposes and a clinic for midwives' booked cases. The staff for the premises is drawn in varying proportions for different purposes from hospital and Local Authority members, both medical and nursing. Clerical and receptionist staff is provided by the Local Authority.
- (e) The local General Hospital includes a 58 bed maternity unit, which has recently been recognised for Part II as well as Part I Training for Pupil Midwives. These Pupil Midwives receive their district training from the Rochdale Domiciliary Midwifery Service through the individual midwives.
- (f) The General Practitioners and the general public are informed about the available services by (i) A guide book (ii) Frequent issue of informative letters (iii) The local press.

### **Joint use of Staff.**

Doctors in general practice are used on a part-time or sessional basis in child welfare and ante-natal work. No arrangements have so far been made for officers of the Local Authority to work in the hospitals, or Regional Hospital Board staff to work in the clinics.

### **Voluntary Organisations.**

- (a) District Nursing Association—

The Health Committee carries out its duties in respect of Home Nursing through the agency of the Rochdale District Nursing Association. The Committee has three representatives on the Association's Executive Committee and two members of the Executive Committee are members of the Health Committee's Domiciliary Services Sub-Committee, to which regular reports on the Nursing Service are submitted.

## (b) Joint Committee with the Diocesan Council for Moral Welfare—

The Manchester Diocesan Council employs a full-time Moral Welfare Worker with an office in Rochdale. The Health Committee pays four-fifths of her salary and expenses, and accepts financial responsibility for arrangements made by her and by the above Joint Committee for residential accommodation of unmarried mothers and their children.

## (c) N.S.P.C.C.—

Close contact is maintained with the N.S.P.C.C., both from the child welfare and school medical sides, mainly on prevention work,

## (d) Ladies' Executive Committee—

This Committee provides voluntary workers to attend the Local Authority's maternity and child welfare clinics regularly.

**Clinic and Treatment Centres.**

The hours of clinic sessions and the situation of centres are as shown :—

	Mon.	Tues.	Wed.	Thurs.	Fri.
<b>I.—Maternity &amp; Child Welfare</b>					
(A) St. Luke's School, Deeplish .....	10—12 noon 2—4 p.m.	—	—	—	—
(B) St. Clement's School Spotland Bridge ...	—	10—12 noon 2—4 p.m.	—	—	—
(C) Council Offices, Norden .....	—	—	—	2—4 p.m.	—
(D) Baillie St. Council School .....	—	—	2—4 p.m.	2—4 p.m.	10—12 a.m.
(E) Castleton Wesleyan School, Essex Street	—	—	—	—	10—12 a.m. 2—4 p.m.
(F) <b>Ante Natal</b> (Baillie St. Council School) .....	10 a.m. to 11-30 a.m. 2—4 p.m.	5-30 to 7-0 p.m.	10 a.m. to 11-30 a.m.	10 a.m. to 11-30 a.m.	—
(G) <b>Post Natal</b> (Baillie St. Council School) .....	—	—	—	—	2-30—4 p.m.
(H) <b>Family Planning Clinic</b> (Baillie St. Council School) .....	—	2—4 p.m.	5-30—7 p.m.	—	—
<b>II.—Clinics Provided by the Education Committee—</b>					
(A) Inspection Clinics ...	9—12 noon	—	2—5 p.m.	—	9—12 noon
(B) Treatment Clinics ...	Daily 9—10	30 a.m.			
(C) Eye Clinic .....	Specialist	Clinics by arrangement			
(D) E.N.T. Clinic .....					

The work in connection with the Corporation Clinics is set out in detail in the respective sections in this Report.

## HOME NURSING.

Prior to 1948, home nursing was provided by the Rochdale District Nursing Association with the service confined to the Local Authority area and operating from a Nurses' Home, which is recognised as a Key Training Centre.

Arrangements were made in 1948 for the Association to carry on this work on an agency basis, the Local Health Authority re-imbursing all approved expenditure.

The Local Health Authority is represented by two members of the Health Committee and its Medical Officer of Health on the Association's Committee. Two members of the Association's Committee attend the Domiciliary Services Sub-Committee.

The staff of the Home consists of the Superintendent, two Assistant Superintendents, nine fully-trained District Nurses and two candidates under training, two full-trained Male Nurses and eight part-time Nurses.

During the year 69,040 visits were paid to 2,482 patients. Of these 2,082 were new patients, most of whom were referred by general practitioners, but some were sent by hospitals, clinics and the Public Health Department.

Among these 2,482 patients the following are the main groups of conditions treated :—

Anaemias	...	...	...	...	...	...	...	222
Cardiac disorders	...	...	...	...	...	...	...	200
Cerebral lesions	...	...	...	...	...	...	...	158
Intestinal disorders	...	...	...	...	...	...	...	181
Bronchitis	...	...	...	...	...	...	...	171
Tuberculosis	...	...	...	...	...	...	...	36
Other respiratory complaints	...	...	...	...	...	...	...	133
Gynaecological conditions	...	...	...	...	...	...	...	119
Senility	...	...	...	...	...	...	...	102
Carcinoma (all types)	...	...	...	...	...	...	...	95
Rheumatism and Arthritis	...	...	...	...	...	...	...	60
Septic conditions generally	...	...	...	...	...	...	...	286
Post-operative dressings	...	...	...	...	...	...	...	185

The following is a summary of the work done during the year :—

All forms of Nursing.	1952	1951
Patients on the books 1st January	400	365
New patients during the year	2,082	2,107
Total nursed	2,482	2,472
Total discharged	2,003	2,072
Remaining on books 31st December	479	400



**Method of Discharge.**

Convalescent	...	...	...	...	...	1,181	1,223
Removed to Hospital	...	...	...	...	...	264	283
Relieved	...	...	...	...	...	297	282
Died	...	...	...	...	...	261	284
Total visits paid to 2,482 patients	...	...	...	...	...	69,040	
Total visits paid to 2,472 patients	...	...	...	...	...		62,432

Included in the above figures for 1952 are the following patients who suffered from Infectious Diseases :—

	Patients						Visits
Pneumonia	...	...	...	...	...	61	793
Tuberculosis	...	...	...	...	...	35	2,375
Measles	...	...	...	...	...	7	72
Others	...	...	...	...	...	10	114
						<hr/> 113	<hr/> 3,354

Of the total visits 1,671 were paid to 181 children under five years of age.

It has not been possible to put a night service into operation. Refresher courses are available as required for the qualified staff. Members of the staff have been sent on special training courses, e.g. for health visiting.

Candidates for district nurse training are received from other Authorities over a wide area.

The public is very conscious of the high quality of this Service and many tributes are received to the excellent work performed by the Superintendent, Miss Felstead, and her staff and to the pleasant and helpful way in which it is offered.

**AMBULANCE SERVICE.**

The Local Authority's area is served by a fleet of five ambulances, one sitting-case car and one dual purpose van, together with one 10 h.p. car, mainly used for midwifery and general duties. The personnel consists of one Ambulance Officer, 24 Driver/Attendants and three Telephonists. The service operates from a separate garage housing vehicles, staff on duty, telephone switchboard and office.

General administration is dealt with in the Public Health Office. Most of the work consists of removals of Rochdale residents to and from Birch Hill Hospital and Rochdale Infirmary, and transport in connection with the Out-patient Departments. Outside Rochdale the main journeys are to the special hospitals in Manchester.

During the year the ambulances performed 8,375 journeys in carrying 16,084 patients, and the dual purpose vehicle performed 403 journeys in carrying 1,199 patients, the sitting case car 2,100 journeys in carrying 3,267 patients, and 4,826 journeys for various other purposes were made by these vehicles.

The following Table gives details of the work carried out by the various types of vehicles used at the Ambulance Station :—

	BOROUGH						COUNTY AND OTHERS					
	Ambulances		D.P. Vehicle		S.C. Cars		Ambulances		D.P. Vehicle		S.C. Cars	
	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951
<b>PATIENTS :</b>												
Emergency ...	932	903	16	1	100	41	42	64	1	1	2	1
Ordinary Removals	15101	13415	1180	890	3163	2091	9	15	2	3	2	11
Totals ...	16033	14318	1196	891	3263	2132	51	79	3	4	4	12
<b>JOURNEYS :</b>												
Patient Carrying...	8319	9694	399	457	2094	1633	56	82	4	4	6	12
Lost Journeys and Depot Duties ...	277	332	45	40	698	820	—	—	—	—	—	—
General Trans. ...	33	3	799	851	986	766	—	—	—	—	—	—
Midwifery ...	—	—	50	59	1938	4776	—	—	—	—	—	—
Totals ...	8629	10029	1293	1407	5716	7995	56	82	4	4	6	12
<b>MILEAGE :</b>												
Removals ...	71001	71441	6907	8272	23180	15541	661	941	58	58	167	226
General Trans. ...	319	32	6995	5643	14048	6761	—	—	—	—	—	—
Midwifery ...	—	—	287	376	10999	24496	—	—	—	—	—	—
Totals ...	71320	71473	14189	14291	48227	46798	661	941	58	58	167	226

The comparative figures for the years 1949/1952 are shown herewith :—

	1949	1950	1951	1952
Ambulance (patients) ...	11,487	14,729	14,397	16,084
(journeys) ...	10,201	12,090	9,776	8,375
D.P. Vehicle (patients) ...	224	751	895	1,199
(journeys) ...	161	473	461	403
S.C. Car (patients) ...	441	1,224	2,144	3,267
(journeys) ...	404	1,151	1,645	2,100
All vehicles—				
Non-patient journeys ...	7,512	7,638	7,647	4,826

Each month a statement is presented to the Committee showing work done and recording lost journeys. Details of the latter are sent to the Hospital Management Committee and to any general practitioners who may appear to be involved. Ambulance staff are requested to report regularly on cases of misuse other than lost journeys. By these two procedures misuse has been reduced to a very low level.

During the year one new ambulance was added to the fleet, replacing an older type vehicle which was less suitable to our needs. Economy was effected by the removal of one 10 h.p. car from the fleet.



Various other points were under discussion from time to time by the Sectional Committee, including ambulance costing reports, the misuse of ambulances and the cost of heating the garage. All these points are important in view of the rising cost of running Ambulance Services.

It is not felt that the Ministry's Ambulance Service Cost Return yet forms a basis for straight comparison between different Ambulance Authorities. The methods of running an Ambulance Service differ considerably between Authorities as do the conditions under which the Services have to be maintained.

It is also to be remembered that it is impossible to record the efficiency factor in terms of a Cost Return. Nevertheless, these Returns do form a basis for useful examination of local practice.

### **LABORATORY FACILITIES.**

Throughout the year the bacteriological examination of Milk, Water and Ice-cream has been carried out at the Public Health Laboratory at Monsall Hospital, Manchester.

Individual specimens from individual patients are still referred to the local Hospital Laboratories, from which information of epidemiological importance is passed either to the Public Health Laboratory or to the Medical Officer of Health, or to both.

The chemical analysis of water, as well as of milk and foodstuffs taken under the Food and Drugs Act, is performed by the Borough Analyst.

### **HOSPITALS.**

The hospital services in the district provide 1,375 beds for patients. This total number of beds and the units of which it is made up are both under constant review to meet changing needs in the area.

It is notable that this district is not affected by the long waiting lists for admission which exist in many other areas.

### **MATERNITY AND NURSING HOMES.**

At the end of the year there was one dwelling house registered as a Maternity Home and one as a Nursing Home for medical and surgical cases :—

78 Louise Street—three patients—Maternity ;

183 Drake Street—ten patients—Medical and Surgical ;

These Homes were visited during the year by the Medical Officer of Health and were reported upon as satisfactory.

## Maternity and Child Welfare

### Notification of Births—Public Health Act, 1936.

There were 1,320 births notified as belonging to Rochdale—1,319 by midwives and one by doctors. These figures include 836 births occurring at Birch Hill Maternity Home and 29 in other hospitals which are classified to Rochdale.

### Health Visitors.

The establishment of Health visitors is 8 rising to 10 and eventually to 12, but the greatest difficulty is experienced in attaining or maintaining this establishment.

At the end of 1952 the staff consisted of 6 health visitors and 3 students although the latter were at that time attending the course.

The health visitors work from the Public Health Offices. Each has a district allocated to her, with a clinic held in that district once a week and organised by her usually with the assistance of another health visitor.

In addition, health visitors attend the ante-natal and post-natal clinics in rota.

Health visitors visit cases of infectious disease nursed at home, mainly where children are involved.

Two health visitors, in addition to those mentioned above, devote their whole time to Tuberculosis work at the Chest Clinic, as well as by home visiting and follow-up work.

There is no link with the General Practitioner Service. There is a link with local hospitals through attendance at the Children's Wards and at the consultant clinic, as elsewhere described.

A student health visitor scheme has been in operation for three years. Vacancies are obtained for students in a course at one of the nearby centres. Students working in the Department while awaiting this course and while absent on the course are paid 70% of their minimum salary, provided with uniform and have course expenses paid for them.

Qualified health visitors are sent on approved refresher courses every five years.

The health visitors' department includes two full-time clerks and the clinics are also attended by two part-time clinic nurses. At each child welfare clinic two or more voluntary workers attend and a representative of the Ministry of Food attends to sell Welfare Foods.

Unfortunately, the difficulty of obtaining and maintaining a sufficient staff of Health Visitors is reflected in a lowering of the number of visits. It has been possible, however, to avoid any reduction in the visits to the earlier periods of infant life.

The Health Visitors' work continues to include certain surveys. In particular they have been engaged in an enquiry into infant morbidity. Since this survey involves monthly visits to infants in the first year of life, it has acted as

a further incentive to concentrate smaller staff on the most important phase of the child's life. The result of this survey, part of a larger survey, will be published in due course.

The following Table summarises the Health Visitors' work, both in respect of Home Visiting and of attendances at Clinic sessions and Nurseries :—

	1952	1951
Primary visits to births ... ..	1,271	1,234
Primary visits re stillbirths ... ..	20	26
Subsequent visits to infants under 1 year ... ..	6,200	5,430
Subsequent visits to young children : 1—2 years ... ..	2,313	3,656
Subsequent visits to young children : 2—5 years ... ..	4,838	9,612
Ante-natal cases ... ..	—	3
Maternal and Infant Deaths ... ..	41	48
Daily Guardians, etc. ... ..	6	25
Infectious Diseases ... ..	837	924
Incomplete Visits ... ..	1,687	1,927
Sanitary Defects ... ..	7	30
	<hr/>	<hr/>
	17,220	22,915
Ante-natal and Post-natal Clinics ... ..	181	298
Child Welfare Clinics ... ..	776	993
Castleton Day Nursery ... ..	46	94
Nursery Schools ... ..	154	175
Industrial Nurseries ... ..	8	15
	<hr/>	<hr/>
	18,385	24,490
	<hr/>	<hr/>

### Expectant and Nursing Mothers.

**Ante-Natal Clinics**—There are five ante-natal clinics held per week at central premises, of these one is a midwives' clinic for domiciliary cases, one is a specialist clinic and the others are for routine purposes.

**Post-natal Clinics**—There is one post-natal clinic held weekly in the same premises, conducted by the same Consultant Obstetrician and Gynaecologist.

No arrangements have been made for assistance to be given at clinics held in general practitioners' surgeries.

Regular blood testing at clinics for Wasserman Reaction, for Haemoglobin and for Rh. factor, is carried out by whichever staff is concerned.

Mothercraft training is provided for by the giving of short talks by the clinic staff, as well as by individual instruction, together with frequently renewed poster material. This provision is capable of considerable expansion which awaits the availability of additional staff at the clinics.

Maternity outfits are supplied through the Domiciliary Midwifery Service.

The 1,239 Rochdale patients who attended for the first time at the Ante-natal Clinics during the year represented 92% of the total notified live births and stillbirths in the Borough, as compared with 88% in the previous year.

The number of women who attended these clinics and the attendances made by them are set out in the following Table. For the purposes of this Report the distinction between persons resident in the County Borough and those resident outside is maintained. Within the clinic itself the distinction is made purely as to the purpose of the visits made by each individual woman. For instance, at the clinic on Monday afternoons, Rochdale's Medical Officer and Midwives are in attendance and naturally the majority of the women who attend are those who are to be confined in their own homes by the Rochdale Domiciliary Service. There is one evening session per week, mainly set aside for those who have difficulty in attending morning or afternoon sessions. The women in whose cases further opinion by the Consultant is required by the family Doctor, or who require special examination prior to admission to hospital, are seen at the Consultant's morning session. Nobody is ever turned away because they have turned up for the first time under the wrong classification or on the wrong day, but they are referred for future attendances to the session where their own need can be most readily met.

				Rochdale Borough		County Districts		Total	
				1952	1951	1952	1951	1952	1951
<b>(1) ANTE-NATAL CLINICS</b>									
(a)	No. of Expectant Mothers attending (New Cases)	...	...	1,239	1,134	164	137	1,403	1,271
(b)	No. of attendances (Old and New Cases)	...	...	7,786	6,919	1,249	815	9,035	7,734
(c)	Average attendances per clinic session	...	...	31.1	28.5	4.9	3.3	36.0	31.8
<b>(2) POST-NATAL CLINIC</b>									
(a)	No. of Mothers attending (New Cases)	...	...	506	358	124	60	630	418
(b)	No. of attendances (Old and New Cases)	...	...	547	393	127	62	674	455
(c)	Average attendance per clinic session	...	...	11.4	8.4	2.6	1.3	14.0	9.7

### Emergency Maternity Unit.

Under arrangements made by the Rochdale and District Hospital Management Committee this Unit, based at Birch Hill Hospital, is available on call at all times within the Hospital Management Committee's area. The service was called upon three times during the year.

### Maternity Home.

The number of Rochdale women admitted to the Maternity Home at Birch Hill Hospital for confinement was 840, eighteen of whom gave birth to their children before admission. The number of babies born in hospital and classified to Rochdale was 836 live births and 20 still births.



### Child Welfare.

Ten clinics are held weekly at five separate points in the town. These are conducted by the Local Authority medical staff and health visitors, except one which is conducted by a general practitioner on a sessional basis with health visitors.

One consultant clinic per month is held by the Paediatrician at central Local Authority premises.

Children can also be sent to the weekly clinics held by the Consultant Orthopaedic Surgeon and the Paediatrician in Hospital Management Committee premises.

Children under five years are also referred to the special eye and ear, nose and throat clinics, through the Local Education Authority's arrangements.

During the year the number of children attending child welfare clinics for the first time represented 75% of the births registered. 83 children under five were referred to the various consultant clinics, mainly because of (a) Eye conditions (32); (b) Ear, Nose and Throat conditions (21) and (c) Orthopaedic conditions (17).

No arrangements have been made for clinics to be held by general practitioners in their own premises.

Although various discussions have taken place about re-arrangement of the various clinics, no alterations have been made during the year. Some preliminary planning has been done in connection with the gradual movement of families to the Kirkholt estate.

### Child Welfare Centres.

The following Table shows the attendances at the Clinics during 1952 :—

Centre	New Cases admitted during 1952	Total Attendances of Children			Average Attendance per Clinic Session	No. of Medical examinations by M.O.
		under 1 yr.	1—2 yrs.	2—5 yrs.		
(a) Baillie Street * (Wardleworth)	125	1,470	394	206	† 41 (30)	932
(b)*St. Luke's ...	217	2,962	554	487	42 (43)	1,946
(c)*St. Clement's ...	192	2,430	618	803	38 (42)	1,538
(d) Baillie Street *(Castleton) ...	161	1,690	407	172	44 (35)	986
(e) *Castleton ...	134	1,918	585	747	35 (41)	1,300
(f) Norden ...	49	612	268	424	27 (27)	447
(g) Baillie St. (Comb.)	76	697	175	154	21 (—)	519
<b>Totals ...</b>	<b>954</b>	<b>11,779</b>	<b>3,001</b>	<b>2,993</b>	—	<b>7,668</b>
<b>Corresponding Figures 1951 ...</b>	<b>980</b>	<b>13,046</b>	<b>4,118</b>	<b>3,122</b>	—	<b>7,663</b>

\* Two Clinic Sessions per week.

† Figures in brackets are for 1951.

Medical records of children attending these Clinics are subsequently transferred to the School Medical Services Department with which close liaison continued for such things as regular dressings, dental treatment and for conditions of Ear, Nose and Throat, and Eyes.

The members of the Ladies' Executive Committee and co-opted voluntary helpers have continued to render very valuable and pleasant assistance at the Clinics, besides providing representatives to sit on the Domiciliary Services Sub-Committee.

Visits continued to be paid by the Medical Officer to nurseries maintained by the cotton mills in the town. Quarterly reports are received on these children and any work in connection with Child Welfare, such as immunisation or reference to Specialist Departments, is thus provided for. At the end of the year there were 256 children under five accommodated at eight Nurseries, as compared with 146 children under five accommodated at three Nurseries at the end of 1947.

### **Care of Premature Infants.**

Provision, so far as equipment is concerned, has been made for domiciliary care if necessary. Almost invariably, however, infants are transferred to hospital by special transport provided by the Authority's Ambulance Service.

The premature baby unit at the hospital is in course of extension and improvement. This is under the direct control of the Consultant Paediatrician already mentioned.

### **Supply of Dried Milks, etc.**

Arrangements have been made at all the child welfare clinics for Government Welfare Foods (C.L.O., Orange Juice and Vitamin Tablets) to be available for distribution and a member of the local staff of the Ministry of Food attends for this purpose. The Local Authority continues to make certain proprietary foods available for sale on request and for a few special cases. A limited range of cereals (Farex, Robrex, Scott's Twin Pack) is also on sale.

### **Dental Care.**

There are insufficient Dental Officers to provide for the complete dental supervision of expectant and nursing mothers and young children at the clinics. The position is continually under review. Mothers and children are referred to the School Dentists for treatment other than dentures. The Local Education Authority is attempting to extend provision for orthodontic and minor denture work. Development must, however, await increased staff.

### **Orthopaedic Clinic.**

During the year 15 children under five years of age were referred to the Hospital Management Committee's Clinic to be examined by Mr. A. P. Gracie. Various minor forms of defect are dealt with at the Child Welfare Clinics.

### **Other provision.**

In addition to the maternity unit at the local General Hospital, use is made from time to time of other centres, particularly in respect of unmarried mothers, but the Authority has no standing arrangements with any home or organisation. In the same way, arrangements can be made for convalescence in such cases, but again only as required.



## DOMICILIARY MIDWIFERY SERVICE.

A staff of eight midwives is employed by the Local Authority. Medical supervision is carried out by the Child Welfare Medical Officer, who undertakes two ante-natal clinics per week, including one specifically for midwives' cases.

Non-medical supervision has been performed by the Superintendent Nursing Officer. After January, 1953, arrangements will be made for non-medical supervision of domiciliary midwifery and its ancillary services to be under the supervision of the Superintendent of the District Nursing Service.

There is only one midwife in general practice outside the Authority's service. Supervision is carried out by the Medical Officer of Health.

All midwives are qualified to give gas and air analgesia. This form of relief was administered to 381 cases out of a total of 410. Pethedine was also administered in 180 cases during the year.

Midwives work from their own homes with regular off-duty periods. There is a car service available for night work, emergency work and relief work, and for the conveyance of analgesia equipment, etc. Ante-natal supervision is undertaken by midwives in their own homes, in the patients' homes and at the special clinic session previously mentioned.

Midwives attended two cases as maternity nurses with doctors during the year and doctors were called in to 100 cases on medical aid forms.

One ante-natal clinic a week conducted by the Consultant Obstetrician is concerned with hospital bookings. Any cases for admission on social grounds are referred to this clinic by the Local Authority staff. Should difficulty arise about obtaining a bed, the Medical Officer of Health would be the deciding officer. No such difficulty has arisen.

Midwives are sent on refresher courses every five years. In 1951 a scheme was commenced for the local hospital to be a complete training school for midwives. The district work necessary for Part II training is undertaken in the area of this Authority. Pupils reside with midwives approved by the Central Midwives Board. The Non-medical Supervisor of Midwives is the executive officer.

Comparative figures of the year's district midwifery work by Domiciliary Midwives are given in the following Table :—

			1952	1951	1950
Cases attended—as Midwife	...	...	417	462	583
as Maternity Nurse	...	...	2	5	3
Subsequent visits as Midwife	...	...	6,311	8,928	9,663
„ „ as Maternity Nurse	...	...	28	62	49
Continuation visits to Hospital patients	...	...	735	—	—
Ante-Natal (Home Visits)	...	...	1,896	1,922	2,622
Ante-Natal Clinic Visits	...	...	459	352	257
Miscellaneous Visits	...	...	1	2	10

The one Midwife in private practice attended 63 cases as Midwife during the past year and none as Maternity Nurse.

By the retirement of Nurse Cushen in December, we lost the last of the original staff of Midwives who were appointed in 1935.

### **Medical Assistance.**

Midwives practising in the District requested the services of a Medical Practitioner in 76 maternity cases and in 30 cases of newly born children. The corresponding figures last year were 80 and 31 respectively.

Since July, 1948, the Local Health Authority has been responsible for paying the medical fees only where the General Practitioner is not already called upon to give these services to the patient under the terms of his contract with the Local Executive Council. During the year the number of cases concerned was only one, involving an expenditure of £2 12s. 6d.

### **Maternity Outfits.**

The Local Health Authority was required to include in its proposals under the National Health Service Act provision for the supply of sterilised accouchment sets, free of charge, to expectant mothers to be confined at home.

The Minister has advised that outfits should include the main dressings required at the confinement and during the lying-in period, and has prescribed the minimum requirements which the Local Health Authority is requested to make available.

Outfits of the required content are available at the Child Welfare Centres or through the Domiciliary Midwife, and during the year 435 such outfits have been issued.

### **Puerperal Pyrexia.**

No cases of Puerperal Pyrexia were reported during the year. During the previous year one case was reported.

### **Maternal Mortality.**

During the year one death was recorded as due to maternal causes with a maternal death rate of 0.74 per thousand live and stillbirths. This death was definitely due to a breakdown in the arrangements for co-ordination of the various services available to a woman in childbirth, the success of which also depends upon the woman's willingness to accept advice given.

No report was sent to the Ministry of Health on this case, since there is no longer any mechanism for the making of a concerted report.

The following figures show the Maternal Mortality rates per 1,000 live and still-births in other towns as compared with Rochdale :—

AREA	1952	1951	Average 5 years 1946-50
ROCHDALE ... ..	0.74	0.76	1.68
Average 12 neighbouring manufacturing towns ...	0.49	0.94	1.14
Administrative County of Lancaster ... ..	0.80	0.69	1.14
England and Wales ... ..	0.72	0.79	1.09

### **Ophthalmia Neonatorum.**

One case was reported during 1952, as against one in 1951, and two in 1950. This case did not show any impairment of vision.

## **VACCINATION AND IMMUNISATION.**

National propaganda, especially with regard to Diphtheria, is made available to the public and supplemented by local propaganda of the usual visual type. General Practitioners are circularised from time to time with any fresh information or about altered arrangements.

### **Diphtheria.**

An index card is set up for every child at birth, and health visitors seek to arrange immunisation at the ninth to twelfth month. A birthday card is sent on the first birthday to those who have not been immunised. The card is followed up by further home visits by the health visitor. Immunisation takes place at child welfare clinics, the day nursery, nursery schools and factory nurseries for under fives.

A cross check between index cards and school registers provides for primary immunisation of school children where necessary.

From the index card all "boosters" are notified, after four years' interval, to the immunising teams.

Immunisations are carried out at schools and at the school clinic by a team of schools medical officer, school nurse and clerk.

General practitioners carry out primary immunisations on their own patients by request or by reference from the Public Health Department. They also carry out "boosters" by request or on information supplied from the index card system.

During the year 815 children under five received a course of immunisation. In 1951 the number immunised in this group was 1,161 and in 1950 it was 816. The following Table shows immunisation in relation to the child population under five years of age. The numbers immunised include those who had completed a course of immunisation at any time before the 1st January, 1953. The estimated population figure is supplied by the General Register Office.

Age at 31/12/52 i.e. born in year	Under 1 1952	1 1951	2 1950	3 1949	4 1948
Number immunised ... ..	325	765	827	731	843
Estimated mid-year child population 1952 ... ..	Children under five 6,400				

In addition to the above immunisations 299 children between the ages of five and fifteen were immunised, as compared with 472 in this age group in 1951. In addition, 1,252 children received re-inforcing doses, usually about four years after the initial treatment.

### Whooping Cough.

No general propaganda has been undertaken so far. The position with regard to the individual child is discussed with the mother at the Clinics and the child is immunised where it is thought advisable. Primary immunisation is carried out at two to three months of age. No special arrangements have been made so far for "boosters", but these are to be commenced in 1953 on an annual basis.

General Practitioners also immunise against Whooping Cough. Payment is made by the Local Authority on the same basis as for Diphtheria. We do not use or advocate Combined Prophylaxis.

During the year 758 children received a full course of three injections, as compared with 665 the previous year. Of this number 157 children were immunised by their own doctors.

There were 15 cases of Whooping Cough amongst immunised children reported during the year, but the numbers are still too small for this to be of real statistical significance.

### Vaccination against Smallpox.

No large scale propaganda has been undertaken, but the subject is discussed with the individual parents by the Health Visitor. All children are referred to their own doctors for vaccination. The acceptance rate is very low.

During the year 450 primary vaccinations were carried out in respect of infants under one year of age. Reference to vaccinations in other age groups and to re-vaccinations will be found on Page 43 in the report dealing with Alastrim.

All information about infectious diseases, and vaccination and immunisation of all kinds is entered and coded on the index card mentioned above.



## CARE OF UNMARRIED MOTHERS AND ILLEGITIMATE CHILDREN.

This work has continued under the guidance of a Joint Case Committee, made up of members of the Domiciliary Services Sub-Committee and the Rochdale Welfare Mission.

I am indebted to Mrs. E. H. Winter, Social Worker, for the following report indicating some of the problems dealt with during the year.

### CASES REFERRED DURING 1952 :

Expectant unmarried mothers	...	...	...	...	...	...	25
After-care, unmarried mothers	...	...	...	...	...	...	19
Matrimonial and family problems	...	...	...	...	...	...	5
Preventive	...	...	...	...	...	...	7
Enquiries from other areas	...	...	...	...	...	...	3
Total	...	...	...	...	...	...	59

### TYPE OF ASSISTANCE REQUIRED :

Ante-natal and post-natal accommodation	...	...	...	...	...	...	24
Living accommodation, mother and child	...	...	...	...	...	...	8
Accommodation for child only	...	...	...	...	...	...	4
Advice on affiliations, private agreements, tracing and interviewing putative fathers	...	...	...	...	...	...	18
Help with adoption	...	...	...	...	...	...	10
Advice and help to parents about difficult behaviour in children and young people	...	...	...	...	...	...	8
Material help	...	...	...	...	...	...	19
Advice on matrimonial and family problems	...	...	...	...	...	...	14
Other personal and social problems	...	...	...	...	...	...	34
Investigations for social workers in other areas	...	...	...	...	...	...	5

### Unmarried Mothers.

The ages of unmarried mothers who were dealt with varied between 15 and 37 years, the majority of mothers being in their early twenties. Of three cases referred in previous years, but which had to be re-opened owing to a second or third pregnancy, one mother was accommodated in a Voluntary Home, financial help being required. Five expectant mothers withdrew their applications for admission owing to change of circumstances and three could not be accommodated owing to shortage of vacancies. The latter were referred late in pregnancy when all Homes within reasonable distance were fully booked.

Whilst it is unfortunately true that those who need help most are often the last to seek it, one cannot too strongly emphasise that those in contact with unmarried mothers needing advice should refer them for help as soon as possible.

Most Homes like to receive medical and social reports in good time and find admission about six weeks before confinement is advisable. It is, as a rule, during pregnancy that the unmarried mother feels her position most keenly. If at this time a feeling of trust can be built up between her and those helping her, the foundation is laid for her future rehabilitation. In addition, the physical care and freedom from acute anxiety contribute towards a satisfactory confinement, a full term pregnancy, and a healthy child. A stay in a Home does not "make things too easy" for the unmarried mother. It does give her a chance to face up to the full implications of her problems, to learn to look after her child and to come to a considered decision about his future with the aid of friendly and experienced advice.

The illegitimate child position at the end of 1952 was as follows :—

Living with mother at home or in lodgings	...	...	...	...	24
In foster homes or residential nurseries	...	...	...	...	3
Adopted	...	...	...	...	7
Died	...	...	...	...	1
Removed to other areas with mother	...	...	...	...	4
No recent information	...	...	...	...	1

The three babies reported at the end of 1951 as "not yet born" are all living with their mothers in lodgings, two in other areas.

### Preventive Cases.

These concerned girls between 11 and 17 years old. Six of them were associating with men, staying out late at night, or had left home. The seventh, aged 11 years, was not receiving proper care and supervision.

The following summary indicates some of the background difficulties. Only one parent could be said to have provided a good home for her daughter and she was a widow living in lodgings.

No legal guardian	...	...	1	Illegitimate	...	...	...	2
Adopted by unreliable relative			2	Mother in poor health	...	...	...	3
Father dead	...	...	...	Mother dead	...	...	...	3
Materially poor home	...	...	2	Unhappy home	...	...	...	5
History of moral breakdown within marriage	...	...	...	...	...	...	...	3

### Matrimonial and Family Problems.

In four out of the five cases there was a completely broken marriage. Three of these also involved an illegitimacy problem and one had led to the moral breakdown of a daughter. The fifth case was concerned with difficulties arising through enforced separation of husband and wife.

### Co-operation with Other Areas.

Once again the help is acknowledged of Committees and Superintendents of Maternity Homes, also Medical Officers of Health, in the placing of mothers and babies in Heywood, Manchester, Halifax, Blackburn, Warrington, Liverpool, Kendal and York. We are also indebted to Children's Officers, Probation Officers, Moral Welfare Workers and other Social Workers who have interviewed relatives and supplied family histories. The continued co-operation of the Almoner at Birch Hill Hospital is gratefully acknowledged.



## JOINT COMMITTEE FOR CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES.

This Committee, formed at the end of 1950 and comprising representatives of the Local Authority, the Statutory Services and Voluntary Organisations, continued its regular meetings during the year with the Medical Officer of Health as Chairman.

There were ten meetings held, at which the following have been represented :—

### ROCHDALE CORPORATION :

Education, Borough Treasurer's, Housing, Children's, Welfare Services,  
Police and School Medical Departments.

N.S.P.C.C., PROBATION OFFICE, NATIONAL ASSISTANCE BOARD,  
HOSPITAL MANAGEMENT COMMITTEE, WAR PENSIONS WELFARE SERVICE.

### PUBLIC HEALTH DEPARTMENT :

Maternity and Child Welfare, Sanitary Inspectors, Social Worker,  
Mental Health Workers.

It is interesting to note that no fewer than 14 of these Departments were represented at 8 or more out of the ten meetings.

A total of 15 new cases has been referred to the Committee from the sources set out below :—

School Medical Department ...	...	...	5
Maternity and Child Welfare ...	...	...	8
Children's Department ...	...	...	2

Further reports were made on 15 of the 45 cases left on the 'live' register at the end of 1951. It was possible to close a further 14 while the other 16 cases are still on the 'live' register receiving a certain amount of supervision, but without further report to the Committee.

Besides the 15 new cases referred to the Committee, four cases closed in 1951 had to be re-opened. It was possible to close 14 cases during 1952 and at the end of the year 50 cases remained on the 'live' register.

The following list shows the number of times these 34 cases have come up for discussion and further report.

	1951 Cases	1952 Cases	Cases Re-opened
Once only	3	4	—
Twice	2	7	1
Three times	5	2	2
Four times	3	1	—
Five times	1	—	1
Seven times	1	1	—
	—	—	—
	15	15	4
	==	==	==

An average of nine cases came up for discussion at each meeting of the Committee.

Since their first report 11 out of the 34 cases have been under constant supervision by more than one Department and it appears that this supervision will have to be continued.

Two things remain of maximum interest. The first is the amount of information already known to the members round the table about the really difficult case when it is first reported to the Committee. The second is that amongst all these cases of varying degrees of neglect, there has not been one single case of real cruelty to children.

It must not be inferred from this that the Committee does not get to know about these cases, because there are members round the table who are in a position to know should any case reach the Courts or be otherwise dealt with without having been reported to the Committee.

### CASTLETON DAY NURSERY.

The number of children on the register in January was 60 and in December 61, as compared with 57 and 60 respectively in the previous year.

The Nursery has accommodation for 60 children and the staff comprises :—

1 Matron	1 Assistant Matron (Trained Nursery Nurse) ;
5 Assistant Nurses ;	2 Nursery Nurses ;
6 Student Nurses ;	4 Domestic ;

Medical inspections were carried out regularly every three weeks. All the children were found to be quite healthy and their state of good health was maintained during the year.

The standard of nutrition of the children was found as in previous years to be very satisfactory. Out of 137 medical inspections made, 49 children were classified as of good nutrition, 86 of fair nutrition and two of poor nutrition.

There were seven cases referred for special treatment for the following defects, as compared with 26 in 1951.

	1952	1951
Tonsils, Adenoids, Nasal Catarrh ... ..	—	10
Ear Discharge (Otitis media) ... ..	2	—
Eyes (Squint, Conjunctivitis and Blepharitis) ... ..	1	1
Dental Caries ... ..	3	10
Orthopaedic (Knock Knees, Valgoid Ankles, Overlapping of toes) ... ..	1	1
Medical Disorders (Nutrition, Anaemia, repeated attacks of coughs and colds) ... ..	—	4

The general cleanliness of the children at the Nursery was good and heads were found to be free from verminous infestation. Out of all the medical inspections made during the year, nits were discovered on only two occasions.

A Health Visitor is in attendance at all the medical inspections and maintains a friendly contact with the Matron, who also maintains contact with the parents on all matters relating to the health and care of the children.

### **Nurseries and Child Minders Regulation Act, 1948.**

Under the first part of this Act, premises where children are received to be looked after during the day must be registered. Under the second part of the Act, persons who receive more than two children, who come from more than one household, to be looked after during the day, must also be registered.

In the latter category, only two persons were registered during the year to receive a total of seven children.

In the former category eight premises were registered at the end of the year. All of these are Nurseries attached to cotton mills in the town. In total these Nurseries were registered for the accommodation of 347 children. During the year 171 children were admitted to the Nurseries and 299 left the Nurseries. At the end of the year there were 256 on the registers. The use of these Nurseries was affected very considerably by the recession in the cotton trade during the year. Two Nursery premises were closed and the total on the registers was reduced from 384 to 256.

The Matrons of the various Nurseries submit a quarterly report on the children and the Medical Officer in charge of Child Welfare pays a visit to each Nursery at three-monthly intervals. Each Nursery has its own visiting Medical Officer, who is usually the General Practitioner previously associated with the parent mill.

### **DAILY GUARDIAN SCHEME.**

As from the 1st January, 1951, the scheme has operated on the following revised basis.

A quarterly fee of 10s. 6d. is paid to women who are approved and registered as Daily Guardians and who accept supervision by the Authority. This replaces the previous scheme whereby women received a fee of 2s. 6d. per week, per child minded.

At the end of the year two Daily Guardians were approved to take three children.

## Domestic Help Service

The scheme was commenced in the Borough in 1947 and now continues to operate under the 1946 Act.

No Domestic Help Organiser has been appointed. In the past year the staff has been under the general direction of the Superintendent Nursing Officer. From 1953 onwards, it will be under the general direction of an Assistant Administrative Officer.

A large proportion of the cases seeking assistance continued to be drawn from the elderly chronic sick. The place of the Domestic Help Service in the care of these persons has formed part of discussions which have taken place during the year between this Department, the Hospital Management Committee, the Welfare Services Department and the General Practitioners.

During the year the Domestic Helps assisted in 190 cases (35 cases of maternity and 155 of general sickness, etc.) as against 226 cases during 1951. The average period over which assistance was given was 21 days for maternity cases and 127 days for general sickness.

At the end of the year 25 Domestic Helps (14 full-time and 11 part-time) were employed, as compared with 20 at the end of the previous year.

Persons who state their inability to pay the full charge of 2s. 8d. per hour for the services of a Domestic Help are required to state their financial circumstances and are assessed in accordance with an approved scale which is based on a scale of charges recommended by the Association of Municipal Corporations.

The average rate of recovery of the cost of this Service during the year was 26% of the total cost. No charge was made to 31 households out of the total number of households to which this Service was rendered.

### PREVENTION, CARE AND AFTER-CARE.

#### Tuberculosis.

The link between treatment and prevention is the tuberculosis health visitor who attends the chest clinic and does all home visiting.

Equipment for the nursing of cases at home is available for all Tuberculosis cases. Beds and bedding are also loaned to necessitous cases recommended by the Chest Physician. Under the scheme for the re-housing of Tuberculous persons 16 families were recommended for re-housing by the Chest Physician during 1952. Of these 11 were approved by the Housing Committee and nine have already been re-housed, together with another two cases which were approved in 1951. Altogether 240 families have been re-housed since this scheme commenced in 1939.

B.C.G. vaccinations have been carried out by the Chest Physician as part of his duties for the Local Authority in respect of the prevention of Tuberculosis.

#### Illness generally.

Equipment is available for any type of illness as it is for Tuberculosis. Convalescent Home accommodation is provided for cases who apply and who are considered suitable by the local general practitioners, specialists or hospital medical officers.



Arrangements have been made with numerous Convalescent Homes to accept Rochdale cases and 69 cases were sent during 1952. The period normally recommended is two weeks, but extensions are granted on medical recommendation.

An arrangement is in being with the hospitals whereby hospital almoners inform the Department of cases which require after-care giving details of the type required.

During the year accommodation was arranged for the 69 cases referred to, in the following manner :

	Adults	Children
West Hill, Southport ... ..	47	—
Boarbank Hall, Grange ... ..	6	—
Llandudno Convalescent Home for Women ...	6	—
Blackburn Convalescent Home, St. Annes ...	5	—
Others ... ..	2	3
	<hr/> 66	<hr/> 3

On recommendation from the Convalescent Home concerned, ten cases receiving extensions of one week or more.

The total cost of Convalescent Home accommodation was £280 12s. 6d., of which £76 11s. 9d. or 27.28%, was recovered. In addition, transport to Southport was provided for one case.

Of the 69 cases admitted to Convalescent Homes, 14 adults and one child were recommended by Hospital Medical Officers, 50 adults and two children by Private Practitioners, and two adults by Medical Officers of the Department (Post-Alastrim cases).

Respiratory Diseases (20) formed the largest single class of admissions, the remainder being from a wide variety of causes, including Cardiac Debility (9), General Debility (10), Post Operative Debility (6), Anaemia (6), Rheumatism and Arthritis (4), Gastric Conditions (3).

### Health Education.

Most emphasis is laid on the personal advice given by the medical officers and health visitors in the clinics, and by health visitors, sanitary inspectors and social workers in the homes of the people.

Group talks are given in the child welfare and ante-natal clinics. Propaganda material of leaflet, booklet and poster type is obtained from the Central Council for Health Education. Members of the staff welcome opportunities to speak on health subjects to organised bodies.

Poster propaganda is frequently changed and directed towards topics considered to require particular attention. Prevention of accidents in the home constitutes part of the general advice given by health visitors in the course of their visits.

## Mental Health Service

### Administration.

The Health Committee is itself responsible for the administration of this Service.

### Staff.

Medical Officer of Health and Deputy—both approved by the Ministry of Education for ascertainment.

Psychiatric Social Workers—none.

Duly Authorised Officers—two. Formerly Relieving Officers.

Mental Health Workers—one. Chiefly concerned with mental deficiency.

Mental Deficiency Institution experience.

Occupation Centre Supervisor—one.

### Co-ordination with Regional Hospital Board, etc.

Mental Illness—Consultant Clinic held weekly by Regional Hospital Board medical staff, is attended by the Local Health Authority's Duly Authorised Officer for follow-up purposes. With scarcely any exception the supervision of patients on trial from mental hospitals, or on licence from mental institutions, is undertaken by the Duly Authorised Officers and the Mental Health Worker.

The Local Education Authority's Educational Psychologist assists in ascertainment.

No Child Guidance organisation is available in this region. This is a very serious drawback.

### Delegation to Voluntary Associations.

No duties are delegated to Voluntary Associations, but the Department is in touch with various such associations dealing with a variety of social problems.

### Training of Staff.

The Occupation Centre Supervisor is attending an authorised course, September 1952 to July 1953, run by the National Association for Mental Health. This was the first opportunity in the North for this type of training.

### Work in the Community.

This work in respect of Mental Defectives is provided for by the regular visitation by the Duly Authorised Officers and the Mental Health Worker, and discussions with patients' relatives, potential or actual employers, etc.

This type of work under the Lunacy and Mental Treatment Acts, 1890-1930, is provided for by the same methods.

Ascertainment of Mental Deficiency under the Mental Deficiency Acts, 1913-1938, is largely through the Local Education Authority. A few cases arise through the Courts and a very few arise from information given to the Mental Health Workers.

There are no cases under guardianship in the area of this Authority.

The Occupation Centre opened in January, 1951. The staff consists of :—

- 1 Supervisor (on Course)
- 1 Acting Supervisor
- 2 Assistants
- 1 Temporary Assistant
- 1 Meals Server
- 1 Porter/Caretaker

The children on the register at the end of 1952 were 19 Borough, 10 County, 2 Birch Hill Hospital, making a total of 31.

The age range is officially that for Special Schools, but three adult defectives attend the Occupation Centre at suitable times for special training. Establishment of an Industrial Centre has been postponed until we have our own Occupation Centre children as a nucleus. Home teaching of individuals has not yet been found necessary.

### Particulars of Mental Defectives as at 1st January, 1953 :—

	During 1952				Total cases on Authority's registers as at 1st Jan., 1953			
	Under age 16		Age 16 and over		Under age 16		Aged 16 and over	
	M	F	M	F	M	F	M	F
<b>1. Particulars of cases reported during 1952.</b>								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with". Action taken on reports by :—								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school .....	3	4	—	—				
(2) On leaving special schools .....	—	—	1	—				
(3) On leaving ordinary schools .....	—	1	—	—				
(ii) Police or by Courts .....	—	—	—	—				
(iii) Other sources .....	—	—	1	3				
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground .....	2	—	—	—				
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b).....	—	2	—	—				
Total number of cases reported during the year ...	5	7	2	3				
<b>2. Disposal of cases.</b>								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number :—								
(i) Placed under Statutory Supervision .....	3	5	2	2	18	11	26	14
(ii) Placed under Guardianship .....	—	—	—	—	—	—	—	—
(iii) Taken to "Places of Safety" .....	—	—	—	—	1	—	4	11
(iv) Admitted to Institutions .....	—	—	—	1	8	7	48	36
(b) Of the cases not ascertained to be defective "subject to be dealt with" number :—								
(i) Placed under Voluntary Supervision .....	—	—	—	—	2	1	10	10
(ii) Action unnecessary .....	2	—	—	—	—	—	—	—
Total of Item 2 .....	5	5	2	3	29	19	88	71

	During 1952				Total cases on Authority's registers as at 1st Jan., 1953			
	Under age 16		Age 16 and over		Under age 16		Age 16 and over	
	M	F	M	F	M	F	M	F
<b>3. Classification of defectives in the Community on 1st Jan., 1953.</b>								
(a) Cases included in Item 2 (a) (i) to (iii) above in need of institutional care								
In urgent need of institutional care—								
(i) "cot and chair" cases .....					2	—	—	—
(ii) ambulant low grade cases .....					—	1	—	—
(iii) medium grade cases .....					2	—	—	—
(iv) high grade cases .....					—	—	—	1
Total of Item 3 (a) .....					4	1	—	1

	Under age 16		Aged 16 and over	
	M	F	M	F
<b>3. (b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i) number considered suitable for—</b>				
(i) occupation centre .....	9	11	1	1
(ii) industrial centre .....	—	—	2	1
(iii) home training .....	5	—	—	—
Total of item 3 (b) .....	14	11	3	2
<b>(c) Of the cases included in item 3 (b) number receiving training on 1st Jan., 1953—</b>				
(i) in occupation centre .....	7	11	1	1
(ii) in industrial centre .....	—	—	—	—
(iii) at home .....	—	—	—	—
Total of item 3 (c) .....	7	11	1	1

**4. Number of mental defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care during 1952.**

	Males	Females	Total
(a) Ceased to be under care .....	1	—	1
(b) Died, removed from area, or lost sight of .....	1	3	4
Total.....	2	3	5

**5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care—**

(a) Number who have given birth to children while unmarried during 1952—Nil.

	Males	Females
(b) Number who have married during 1952 .....	1	—



Of the cases ascertained during the year, five males and five females were under the age of 16 years. Of these, one male and four females are attending the Occupation Centre. One female is in regular employment, one male was denotified and referred back to the Education Department, one male is under the supervision of the Probation Officer and two males are untrainable.

The remaining five cases ascertained during the year were over 16 years. In this group two females were admitted to Certified Mental Deficiency Institutions, two were in a "Place of Safety" at Birch Hill Hospital and one, male, is awaiting admission to a Ministry of Labour training centre.

The 99 cases accommodated in Institutions for Mental Defectives are spread over 11 such hospitals, but are mainly accommodated in either Brockhall, Calderstones or the Royal Albert.

The 16 children noted as in "Places of Safety" are in Birch Hill Hospital.

At the end of the year there were 10 cases awaiting admission to Institutions. Accommodation still remains a matter of great difficulty. The staffing position at the institutions has improved somewhat during the year.

### **Cases under Supervision.**

On the 31st December, 1952, there were 92 cases under Community Care, 69 of these being under Statutory Supervision and the remaining 23 under Voluntary Supervision.

The Mental Health Visitor made 1,128 visits during the year to the homes of Mental Defectives and supplied case notes or other reports on 67 cases.

The year 1952 has seen the effective operation of the provisions of Ministry of Health Circular 5/52, whereby Mental Deficiency and other Hospitals are authorised to accommodate in an emergency and for short stay periods, persons who are normally cared for in their own homes. The necessary accommodation is that rendered available by patients allowed out on home leave.

The heavy burden which many parents bear in caring continuously for their defective children cannot be over-stressed. Particularly when parents are themselves sick their task is a very difficult one. Many have been prevented from taking a holiday for as long as fifteen years.

This new provision enabled the parents of six defective children to be relieved for periods from two to six weeks during 1952. The respite thus afforded the parents has earned their very sincere gratitude and appreciation.

The supervision of Mental Defectives in their homes and in co-operation with employers continues to meet with a large measure of success. Problems relating to conduct in the home, lodgings or elsewhere and at their places of employment are regularly submitted to the Mental Health Officer for discussion and solution.

**Treatment of Mental Patients.**

	Males	Females
Mental Patients in Hospitals on 31st Dec., 1951	106	159
Admissions during the year... ..	44	69
Discharges during the year ... ..	39	69
Mental Patients in Hospitals on 31st Dec., 1952	111	159

**Analysis of Patients Discharged during 1952.**

	Males	Females
Recovered ... ..	18	20
Relieved ... ..	12	31
Not improved ... ..	—	1
Transferred to other Hospitals ... ..	3	7
Deaths ... ..	6	10

The 270 patients still in Hospitals at the 31st December, 1952, were distributed as follows :—

Prestwich ... ..	86
Whittingham ... ..	47
Lancaster Moor ... ..	22
Rainhill ... ..	17
Winwick ... ..	24
Birch Hill ... ..	47
Boundary Park ... ..	12
Springfield ... ..	6
Others ... ..	9
	<hr/>
	270
	<hr/>

**Mental Health Clinic.**

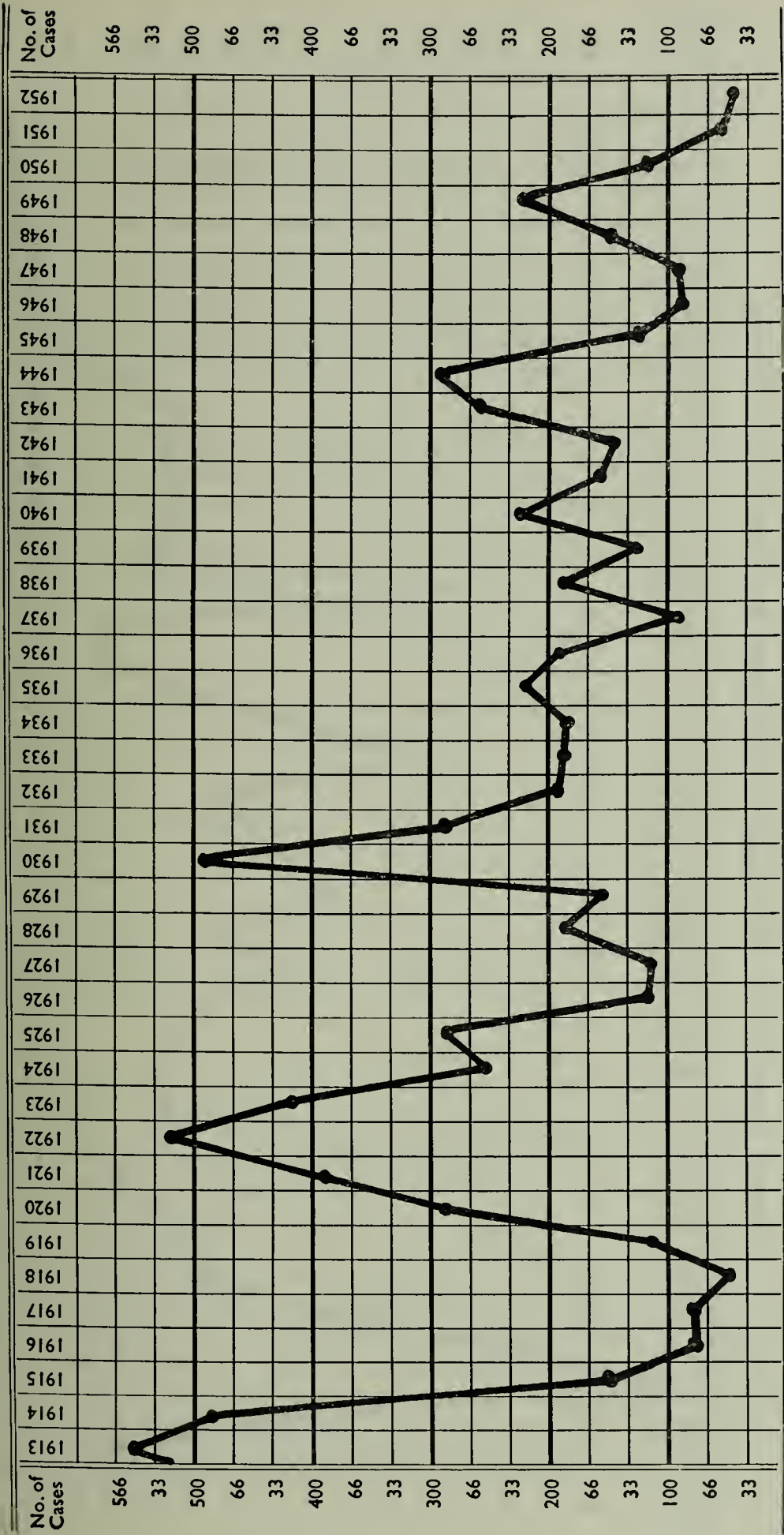
Dr. A. Pool, Consultant Psychiatrist, continues to be in charge of this work in the Rochdale and Oldham districts. Dr. Pool's advice is readily available on problems or cases, either through the Clinic or by discussion. He is also called upon by local Medical Practitioners to make domiciliary visits to patients in their own homes.

See also Mental Illness — Page 36.

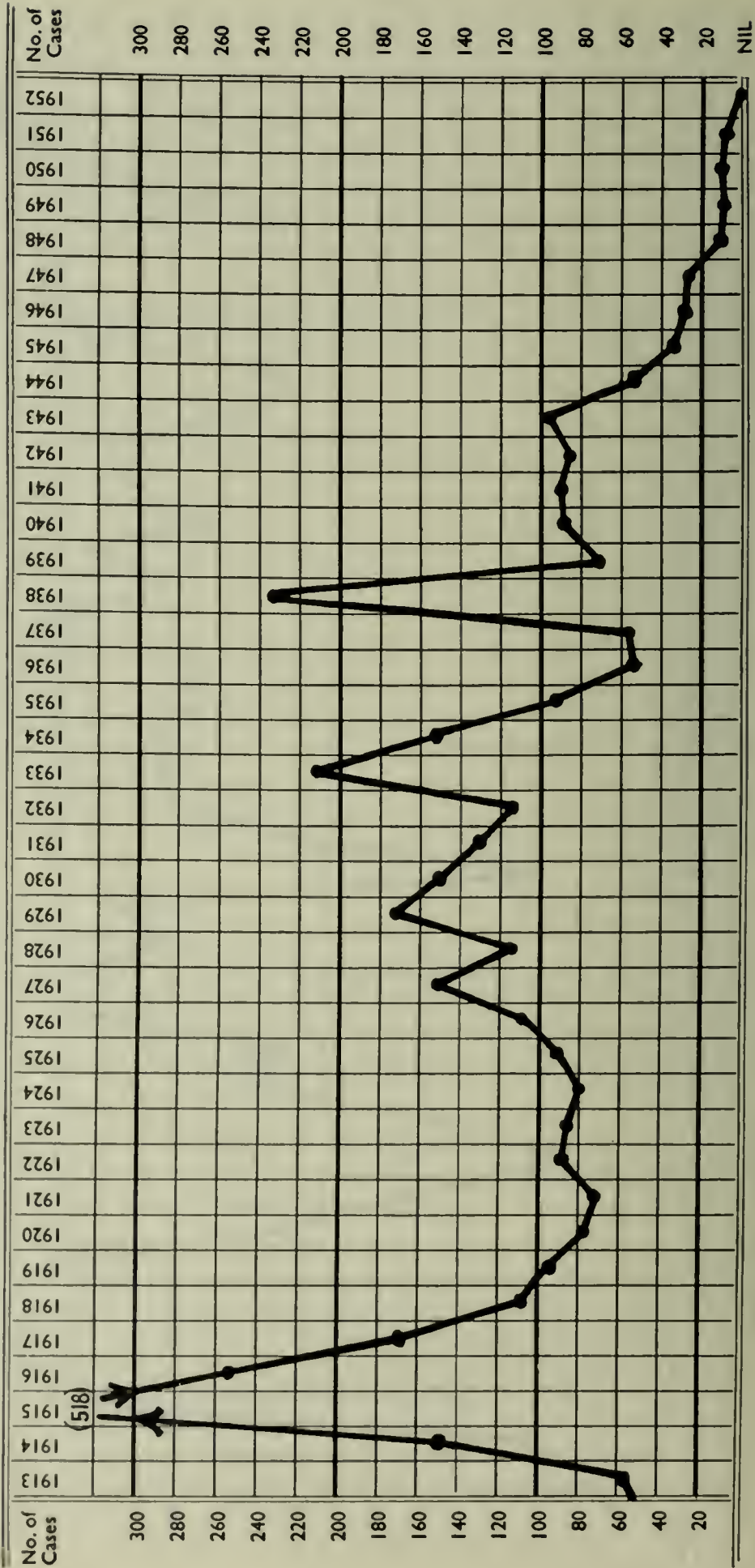
The idea of stigma which some members of the community still attach to mental illness is gradually being dispelled.

Whilst it is true that some mental disorders are incurable, the idea that very few patients ever find their way out of a mental hospital is quite false. In many instances the disease can be arrested and the patient returned to home care. In others, marked improvement takes place and in others a perfect recovery is achieved. Out of every hundred patients admitted, even to the larger mental hospitals, well over 60 are subsequently discharged and well over half of these are good instances of complete cure. Even in those cases where discharge does not occur considerable alleviation may be achieved so that the patient can lead a not unhappy life of comparative freedom and many privileges.

County Borough of Rochdale — Scarlet Fever Incidence — Years 1913-1952



# County Borough of Rochdale — Diphtheria Incidence — 1913-1952





## Prevalence of Infectious Diseases

A considerable increase in infectious diseases as a whole is noted as compared with 1951. The additional numbers were accounted for by Whooping Cough, Measles, Chicken-Pox and Variola Minor. The first two, while being an increase on the previous year and on the average for recent years, were little different from the experience of 1950. The increase in Chicken-pox was partly real and partly arose out of the attention paid to differential diagnosis between Chicken-pox and Variola Minor.

The low records of 1951 in respect of Scarlet Fever and Diphtheria were again lowered with a further drop to 48 cases of the former and no notified cases of Diphtheria. There were no cases of Poliomyelitis during the year.

The following summary shows the comparative incidence of the various types of infectious diseases over the last seven years :—

			1952	1951	Average 1946-50
			<hr/>	<hr/>	<hr/>
Scarlet Fever	...	...	48	54	119
Diphtheria	...	...	—	2	12
Tuberculosis	...	...	104	99	123
Pneumonia	...	...	23	59	23
Whooping Cough	...	...	227	70	201
Measles	...	...	896	752	566
Chicken-pox	...	...	84	31	8
C. S. Meningitis	...	...	—	2	4
Poliomyelitis	...	...	—	1	3
Variola Minor	...	...	115	—	—
Other Diseases	...	...	28	13	37
			<hr/>	<hr/>	<hr/>
			1,525	1,083	1,096
			<hr/>	<hr/>	<hr/>

In addition to the above formal notifications the following cases of infectious diseases were brought to the notice of the Department, chiefly through the medium of schools :—Whooping Cough 12 ; Measles 50 ; Chicken-pox 116.

### Alastrim or Variola Minor.

An outbreak of Alastrim, or Variola Minor, in the Borough first came to light by the discovery, after extensive investigation, of a case in the adjoining district of Milnrow. This investigation was completed on the 15th February, 1952, and a search was immediately instituted in Rochdale, with the result that by information given to and received from general practitioners, and by working backwards from a few cases, a list of about 30 cases was accumulated, although some of these were already convalescent or even completely cured.

The outbreak was undoubtedly obscured in the early stages by the existence of chicken-pox, mainly amongst school children, in one quadrant of the town, together with a more scattered outbreak of adult chicken-pox, of which there were several cases in the town and surrounding district.

Altogether, 10 cases were traced to December and 15 cases to January. It is almost certain that there must have been a few cases in January which were never discovered. During February and March the picture is of successive waves of infection, i.e., obviously from already known cases, with small groups in between, unrelated to the main and known event.

Up to the 8th February, the infection appears to have been confined to family contacts. Within the family the infection was strong with several severe cases, and very complete. Yet there was little discoverable tendency to overstep the family threshold.

The first 26 days in February produced 27 cases, whereas the next eight days produced 45 cases and presented a very bleak picture for the future. Nevertheless, the rest of March only produced 29 cases, including a wave of 23 cases. So far as can be discovered no further cases arose out of this last wave. Although four other cases did occur in Rochdale at the end of March and the beginning of April, no connection with a previous case was discovered in any one of them.

The total cases which were finally ascertained, including those ascertained retrospectively in the County Borough, was 127. There were, however, 16 cases in districts closely linked with Rochdale and two from districts outside that group, but with a clinical link with Rochdale.

The general trend of the outbreak can be seen from the diagram on Page 47, which includes all the cases occurring in the district. The diagram not only shows the numerical distribution of the cases, but also the degree of linking between the various groups of cases. The cases occurring outside the County Borough are indicated in italics.

The origin of the outbreak itself was never precisely determined. The form of the diagram in December suggests that there was at least one case earlier than those shown. In the same way, although it was felt that the outbreak was under control by the end of March, the sudden disappearance of cases in mid-April was scarcely expected. Why the eight cases between the 26th March and the 13th April, which arose quite unexpectedly, caused no further cases in the district remains as mysterious as the origin.

In the general run of cases, the incubation period was ten to twelve days. The period of onset was very variable with regard to severity and symptoms, but very regular as to the appearance of the rash on the third or fourth day.

Headache was the most characteristic symptom at this stage in the whole series and the majority pronounced themselves as very much better when the rash came out.

In the absence of a history of vaccination, the general impression was that the younger the patient the milder was the disease. Infection did not appear to spread any distance from the patient and fairly close contact was necessary. There was some evidence that cases remained infectious roughly in proportion to the severity of the individual case.

Arrangements were made for all cases to be removed to Ainsworth Smallpox Hospital, near Bury, which had already been opened for investigation of the Milnrow case. Beds were kept available in Ainsworth by transferring convalescent cases to Elsworth Convalescent Hospital, near Preston.

Cases were removed to hospital by ordinary ambulance or sitting-case car and by the ordinary ambulance staff. The state of vaccination of the ambulance staff and others involved or likely to be involved was brought up to date immediately. The vehicles were disinfected at the end of a tour of duty and, if required for other purposes, at the end of a journey. Personnel wore special uniforms and overalls for the purpose and changed these and washed their hands and face before going off duty. This procedure proved sufficient to protect the families of the staff and other patients subsequently carried in the ambulances for general hospital purposes.

After the removal of the patient disinfection of the house was carried out. All articles suitable for steam disinfection were removed by the Department's van, conveyed to the disinfector station and put through the Department's Manlove Alliott steam disinfector at a 20 lb. pressure for a period of 30 minutes. The process was checked by use of Browne steriliser control tubes.

Articles made of leather and similar articles not suitable for steam disinfection were thoroughly sprayed with 10% formalin solution. No attempt was made to disinfect the whole house. The process was concentrated on the bedroom and any other room which had been occupied by the patient during the infectious stage. The method was thorough spraying of the walls, floors, ceilings and contained articles of these rooms with formalin, the rooms being thoroughly sealed for the purpose. The rooms were left exposed to this vapour for at least 12 and preferably 24 hours. At the end of this period the rooms were opened for ventilation and the occupiers instructed to undertake a thorough "Spring clean". The operators wore Service type gas masks, rubber gloves, overalls and gum boots.

It was impossible to keep under daily observation the vast number of general contacts in works and factories. Efficient supervision was only made possible by the careful searching out and selection of close contacts wherever these might occur. Altogether we had 1,925 contacts under supervision, requiring 21,150 visits.

At no stage in the outbreak was general vaccination of the public advised in the County Borough by the Health Authority, nor was any mill or factory advised to have general vaccination of its employees. We only advised vaccination where contact was close. The Department opened vaccination sessions



first of all to suit known contacts and to protect its other services from interference. Later these had to be extended and thrown open to meet a public demand expressing itself in queues outside as well as inside the buildings.

Amongst the Rochdale Borough group 14 cases occurred in persons previously vaccinated. No case occurred in persons vaccinated more recently than ten years before 1952. On the other hand, many persons were vaccinated after infection had entered the house, family or social circle. Amongst these there were 21 who subsequently developed Variola Minor. The majority had an onset within two or three days of the actual scarification. The longest period between scarification and onset of symptoms was eight days.

The number of persons vaccinated and re-vaccinated in Rochdale itself totalled 19,609. The majority of these vaccinations were carried out in March, which contributed 18,275 out of the total, the peak being reached on Saturday, 8th March, when 1,315 vaccinations were carried out in the Department's clinic, besides many hundreds in doctors' surgeries and in the surrounding districts.

This occurrence was not the result of any increasing dread of the disease, but of an erroneous report in a newspaper circulating in the area that 500 suspected cases of smallpox were under observation in Rochdale.

After that date the vaccination rate dropped away quite quickly and the whole episode left no psychological after-effects in Rochdale. Figures for vaccinations in January, 1952, were 66 and the figures for May were 24. Since then they have not even returned to the January figure. Apparently, the outbreak had scarcely any propaganda value.

The following Table shows the number of persons vaccinated or re-vaccinated during the whole of the year. The figures for 1951 are shown in brackets for comparison purposes.

Age at Date of Vaccination	Under 1 yr.	1 yr.	2-4 yrs.	5-14 yrs.	15 yrs. or over	TOTAL
No. Vaccinated						
(a) by L.H.A.	127	123	546	3119	2857	6772
(b) by G.P's.	323	271	949	2465	2700	6708
Total	450(112)	394(33)	1495(28)	5584(21)	5557(81)	13480(275)
No. Re-Vaccinated						
(a) by L.H.A.	—	2	20	270	3082	3374
(b) G.P's.	1	—	31	221	2673	2926
Total	1(—)	2(—)	51(—)	491(3)	5755(209)	6300(212)

As was to be expected in mass vaccination of a completely unselected cross-section of the population, there were quite a number of severe reactions to vaccination. Several cases occurred of urticarial and other types of rashes associated with vaccination, with two cases of Generalised Vaccinia and one case of death from Encephalitis attributed to vaccination, in an adult male, age 26 years, previously vaccinated in infancy.



## DISTRIBUTION OF CASES BY ONSET OF RASH AND CONTACT

DECEMBER																														
			N		F		N		F		N		F		N		F		N		F		N		F		S			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

[illegible]

							N							f f	S		n	F
F F							S N F							F F	F	s	F	N
F F	F					NNN W N F	Sc F F W N F							F	F	F	F	N
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<div style="text-align:center;">FEBRUARY</div>																		

[illegible]

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <math>n</math> N </div> <div style="text-align: center;"> <math>n</math> </div> <div style="text-align: center;"> <math>n</math> </div> </div>													
1	2	3	4	5	6	7	8	9	10	11	12	13	
APRIL													

F —	Family. Include the family group outside the original household affected	61
N —	New cases, or contact not established ... ..	52
S —	Social contacts. All close contacts other than members of families	26
W —	Work, in the absence of other close contacts ... ..	4
Sc —	School ... ..	2
		<hr/> 145

The general practitioners in the area, after being put on the alert on the weekend of 16th February, were quick to report suspicious cases. No attempt was made to make Chicken-pox notifiable as it was considered that this would merely be an added embarrassment to the staff engaged in seeking out cases of Alastrim. On the other hand, we kept a strict check on Chicken-pox in the schools, with the exclusion of any suspicious case, or case with suspicious circumstances in the home, until cleared by the school medical staff.

It was abundantly clear that this outbreak had scarcely any real resemblance to an outbreak of Smallpox, i.e. Variola Major, and the plea is made that the term "Smallpox" should be reserved for Variola Major.

There were no deaths due to the disease, but it would not be entirely true to say that it did not leave after-effects in any of the cases.

We should not attempt to suggest that the disease is of no more importance than Chicken-pox. While it is true that severe cases of Chicken-pox do occur, there was a higher percentage of severe cases in the Rochdale outbreak of Alastrim than there would be in a similar number of Chicken-pox cases.

The Department was in daily consultation with the Ministry of Health in London, in an exchange of information and advice. In addition, several visits were paid to Rochdale by the Ministry's Medical Officers. Assistance was readily forthcoming from surrounding districts, mainly in connection with supervision of contacts, largely performed by the Sanitary Inspector staff.

### Marland Infectious Diseases Hospital.

A summary of cases admitted to hospital from Rochdale is given in the Table below. It should be noted that the two cases of Diphtheria in the return are the two cases which occurred at the end of 1951, but discharged at the beginning of 1952.

DISEASE	In Hospital on 31st December 1951	Admitted during the Year	Discharged	Died	Remaining in Hospital at end of Year 1951	Ages of Patients Admitted		
						Under 5 Years	5—15 Years	Above 15 years
Scarlet Fever ... ..	5	19	19	...	5	5	12	2
Diphtheria ... ..	2	...	2	...	...	...	...	...
Enteric Fever ... ..	...	2	...	...	...	...	1	1
Meningitis—								
(1) Cerebro Spinal ... ..	...	...	...	...	...	...	...	...
(2) Tuberculous ... ..	...	...	...	...	...	...	...	...
(3) Pneumococcal ... ..	...	...	...	...	...	...	...	...
Measles ... ..	4	20	22	...	2	18	1	1
Erysipelas ... ..	...	3	3	...	...	...	...	3
Poliomyelitis ... ..	...	...	...	...	...	...	...	...
Other Diseases ... ..	3	29	30	2	2	13	7	9
Total ... ..	14	73	76	2	9	36	21	16

## Tuberculosis

There were 94 new cases of Tuberculosis notified as against 76 the previous year and 122 in 1950, and an average of 98 during the five years 1945-49.

Of these 94 cases, 87 were Pulmonary and 7 Non-Pulmonary.

In addition, 10 cases, nine Pulmonary and one Non-Pulmonary, came to the knowledge of the Department for the first time otherwise than by notification. Of these, four Pulmonary and one Non-Pulmonary were reported after death, and five Pulmonary were transferred from other areas.

Comparative figures are given below :—

Average 5 year periods	NOTIFICATIONS		
	Pulmonary	Non- Pulmonary	Total
1913—17	184	108	292
1918—22	199	50	249
1923—27	85	40	125
1928—32	85	36	121
1933—37	81	26	107
1938—42	84	29	113
1943—47	71	20	91
1948	68	17	85
1949	118	24	142
1950	104	18	122
1951	68	8	76
1952	87	7	94

The following table sets out the number of deaths and mortality rates for the years 1941 and onwards.

Year	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		All Forms	
	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop.
1941	53	0.61	11	0.13	64	0.74
1942	44	0.52	5	0.06	49	0.58
1943	36	0.44	10	0.12	46	0.56
1944	39	0.48	10	0.12	49	0.60
1945	32	0.39	6	0.07	38	0.46
1946	31	0.36	11	0.13	42	0.49
1947	41	0.47	9	0.10	50	0.58
1948	44	0.50	5	0.06	49	0.56
1949	15	0.17	4	0.04	19	0.21
1950	38	0.43	4	0.04	42	0.47
1951	23	0.26	4	0.05	27	0.31
1952	26	0.30	4	0.05	30	0.35

The 94 new cases notified, together with the number of deaths resulting from the disease are arranged in the summary below :—

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	...	2	...	...	...	...	...	1
1—5 years	5	2	...	...	...	...	...	1
5—15 "	6	4	2	...	...	...	...	...
15—25 "	7	11	3	...	...	2	1	...
25—35 "	10	7	...	...	8	2	...	...
35—45 "	6	4	...	...		...	...	...
45—55 "	12	3	...	1	9	2	1	...
55—65 "	3	4	...	...		...	...	...
65 years and over	...	1	...	1	1	2	...	..
TOTAL	49	38	5	2	18	8	2	2
1951	42	26	3	5	14	9	2	2
1950	59	45	8	10	26	12	3	1

The following table gives a summary of the known cases of Tuberculosis in the Borough at the 31st December, 1952 :—

				Males	Females	Total
Pulmonary	...	...	...	324	267	591
Non-Pulmonary	...	...	...	75	71	146
				399	338	737

Of more practical importance is the number of known active or potentially infectious cases in the Borough. Now that the cleavage between treatment and prevention is becoming more clear cut, arrangements have been made to keep this problem under constant revision in this Department. At the end of the year there were 66 cases of Pulmonary Tuberculosis living at home who had been sputum positive cases and who were either still positive or had not been declared negative. All of these were regarded as satisfactorily isolated at home. By this is meant that the home conditions and the patient's observation of the rules of prevention were together sufficient to avoid his being a source of fresh infection.



The following table shows the work carried out at the Chest Clinic during the year :—

	Adults		Children	Total
	M.	F.	under 16 yrs.	
Number of Clinic Sessions ... ..				152
Total attendances ... ..	1591	1605	877	4073
New Patients examined found :—				
(a) Tuberculous ... ..	31	25	6	62
(b) Non-Tuberculous ... ..	282	265	71	618
Contacts examined ... ..	55	66	98	219
Contacts found to be Tuberculous ... ..	1	1	6	8
B.C.G. Vaccinations ... ..	1	13	64	78
Mantoux Tests ... ..	67	122	273	462
Treatment recommended (Tuberculous cases only) :—				
(a) Sanatorium or Hospital ... ..	25	13	9	47
(b) Domiciliary ... ..	7	13	3	23
Removed from Register ... ..	38	26	8	72
Visits by Nurses ... ..				1467

### Re-Housing of the Tuberculous.

Details of the Scheme are to be found in this year's Report in the section dealing with Care and After-Care (Page 34).

During the year the scheme has worked smoothly and effectively, and the co-operation of the Housing Committee continued to be much appreciated by the patients concerned and by this Department. As before, no case is considered by the Housing Committee without a full report and a recommendation by the Chest Physician.

### Residential Treatment.

There were 45 Rochdale patients in residence at various Sanatoria on the 31st December, 1951, and during the year 129 patients (91 males, 38 females) were admitted.

On two occasions during the year the waiting list rose to eight and ten adults waiting admission for Pulmonary Tuberculosis. On both these occasions even this small list was reduced to less than half by the succeeding month. There was at no time during the year any appreciable waiting list for Non-Pulmonary Tuberculosis or for children.

## Venereal Diseases

No material change had been made in the day to day arrangements at the end of the year. There were 639 (405 males and 234 females) dealt with during the year, as against 718 in 1951. The number of new cases was 360 (255 males and 105 females), but of these 173 did not require treatment.

The following summary gives the number of cases dealt with during the past three years :—

	1952	1951	1950
	<hr/>	<hr/>	<hr/>
1. No. of persons under treatment or observation at commencement of year ... ..	269	389	354
2. No. of persons who ceased to attend in previous years and who returned to the Centre suffering from the same infection ... ..	3	6	10
3. No. of new cases who have had previous treatment	7	4	15
4. No. of new cases ... ..	360	319	401
	<hr/>	<hr/>	<hr/>
Total cases dealt with ... ..	639	718	780
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
5. Total attendances :—			
For attention of Medical Officer ... ..	4,629	4,063	4,888
For irrigation, dressing, etc. ... ..	684	570	3,118
6. No. who ceased to attend :—			
(a) Before completion of treatment ... ..	2	34	10
(b) After completion of treatment, but before final test as to cure ... ..	2	9	12
7. No. discharged after completion of treatment and final test of cure or after diagnosis as non-venereal	307	378	347

## Sanitary Circumstances of the Area

I am indebted to the Chief Officials of the various Departments of the Corporation for information included in this section of the Report, also to the Manager of the Heywood and Middleton Water Board.

### Water Supply.

The County Borough draws its water supply from two sources, the Corporation Waterworks, and the Heywood and Middleton Joint Water Board. A summary of the reports submitted by Mr. R. N. Simpson, M.Inst., W.E., Waterworks Engineer, Rochdale, and Mr. A. F. Herd, A.Inst., W.E., Manager of the Heywood and Middleton Water Board, is set out below in the manner prescribed by the Ministry of Health.

				Rochdale	Heywood & Middleton
(i)	Whether the water supply of the area and its several parts has been satisfactory.				
	(a)	in quality	... ..	Satisfactory	Satisfactory
	(b)	in quantity	... ..	Satisfactory	Satisfactory
(ii)	Where there is a piped supply whether bacteriological examinations were made of the raw water and, where treatment is installed, of the water going into supply ... ..				
	if so, how many	and the results	obtained	125 samples—	44 samples—
	the results of any chemical analyses			satisfactory	satisfactory
				83 samples—	44 samples—
				satisfactory	satisfactory
(iii)	Where the waters are liable to have plumbo-solvent action, the facts as to contamination by lead, including precautions taken and number and result analyses ... ..				
				Plumbo-solvent action, pH.	Plumbo-solvent action, pH.
				value controlled by addition of lime	value controlled by addition of chalk.
				No dissolved lead found in any samples.	No dissolved lead found in any samples.
(iv)	Action taken in respect of any form of contamination ... ..				
				Nil.	Nil.
(v)	Particulars of the number of dwelling houses and the number of the population supplied from public water mains				
	(a)	direct to the houses	... ..	24,000 approx.	1,384 approx.
	(b)	by means of stand-pipes	... ..	Nil.	Nil.

## Drainage and Sewerage.

At Roch Mills Sewage Purification Works the sewerage is screened after grit removal and then passed through Primary and Secondary Sedimentation Tanks. Half the flow is then passed through an Activated Sludge Plant constructed on the Kessener System and the other half is pumped to bacteria beds. Good effluents are obtained.

The construction of an intercepting sewer from the Bury Road area has now been completed, the flow from the Bamford Sewage Works now being treated at Roch Mills. The old Bamford Works are now dismantled and demolished.

A new automatic pumping scheme has now been installed at the Trub Works and is working satisfactorily.

## Rivers and Streams.

The Mersey Rivers Board is responsible for the prevention of pollution of rivers and streams in this area. The Corporation co-operate with the Rivers Board in providing facilities for the discharge of polluting effluents to the sewers, for subsequent purification at the Sewage Works. A number of agreements have been made during the last few years with local manufacturers which have considerably reduced the river and stream pollution in the County Borough Area.

Other investigations are being made with a view to removing all sources of pollution in the area.

W. H. G. MERCER, B.Sc., A.M.Inst.,C.E.,  
Borough Surveyor.

## Meteorological Notes.

The following is a summary of the features of the year as recorded at the Meteorological Station, Roch Mills Sewage Works, and is included by courtesy of the Borough Surveyor :—

The following Table gives data for the five complete years that the Station has been in operation and shows mean temperature and sunshine for 1952 to be below the average and the rainfall also below the average.

			Mean	Total	Sunshine	
			Temperatures	Rainfall	Total hrs.	Daily Average
1948	...	...	48.4 F.	41.86 ins.	1252.7	3.42
1949	...	...	49.6 F.	41.79 ins.	1520.6	4.17
1950	...	...	47.3 F.	47.95 ins.	1172.4	3.20
1951	...	...	47.2 F.	45.93 ins.	1187.6	3.25
1952	...	...	47.0 F.	40.89 ins.	1152.2	3.15
Mean	...	...	47.9 F.	43.68 ins.	1257.1	3.44

January was the coldest month of the year with a mean temperature of 35.8°F., with February and December very little better.



January was also the wettest month, 5.03 inches of rainfall being recorded with August occupying second place with 4.72 inches. The longest spell of rainless weather occurred in July in the seven days from the 20th to the 26th.

The Summer was a very disappointing one and the five months from May to September showed an overall drop in sunshine as compared with the average for the last five years.

During the year there were 147 days which had less than one hour's sunshine and of these, 79 days recorded practically no sunshine.

South-westerly winds continued to be most prevalent and occurred on 100 days. Westerly winds blew on 85 days, regaining second place.

Once again there was very little evidence of severe fog during the year. On six days, three of them in December, visibility at the test period of the day was reduced to about 100 yards.

### **Public Cleansing.**

No important developments took place during the year and arrangements for public cleansing remained substantially the same. The uncertain supply of suitable labour for this essential but relatively unattractive work made it impossible always to maintain the desired standards of service, but some slight improvement in the labour position was noticeable in the closing months of the year.

The provision and maintenance of dustbins for house refuse as a charge against the general rate continued to work satisfactorily. The number of British Standard dustbins supplied under this scheme was 2,352. In the Autumn the restriction against the galvanizing of dustbins which had been imposed earlier in the year was withdrawn.

House refuse was collected by covered mechanical vehicles and passed through separation and incineration plant at the Entwisle Road depot. The process included the screening out of fine ash and fuel cinder, the magnetic extraction and baling of tin cans and other ferrous metals, the hand salvaging of other saleable material and production of steam for the Central Public Baths, the Steam Disinfector and the Pig Food Plant. The quantity of kitchen waste processed from Rochdale and six neighbouring authorities was 865 tons (1,083 tons in 1951).

The weights of other materials salvaged and sold were scrap metals 893 tons (932), waste paper 217 (357), textiles 30 (32), fuel cinder 527 (278) and bones, bottles, jars and sundries 41 (48).

An improved method of cleansing pail closets and discharging their contents direct into the sewer was instituted.

The cleansing of streets continued to be carried out on the beat system and street gullies were emptied and flushed regularly by gully emptying machines.

W. R. BOOKER, A.M. Inst., P.C.

## Sanitary Inspection of the Area.

As already indicated the staff of the Sanitary Inspectors' Department consists of the Chief Sanitary Inspector and his Deputy, together with five Sanitary Inspectors and a Meat and Foods Inspector. The two Housing Survey Officers and the three Rodent Operatives are attached to this Department, and the Infectious Diseases Enquiry Officer works part-time in this Department dealing mainly with disinfection.

The bulk of the work of the Inspectors during the year has been once again in connection with the repair of dwellinghouses and their out-buildings. The last Annual Report contained certain remarks on the nature of this work and the difficulties associated with it. During the year now under review, the same difficulties and problems occurred even more frequently and in an aggravated form. It seems likely that this experience will be repeated in the future and will continue to be repeated until a solution is found to the problem presented by the high cost of housing repairs.

Most of the nuisances and defects were dealt with by informal means, i.e. by the issuing of Preliminary Notices, which are in fact letters drawing attention to defects and suggesting remedies. Only a small minority were dealt with through Statutory Notices, which describe the defect, prescribe a remedy, impose a time limit and carry with them a consequence of legal proceedings.

During the year 608 Preliminary and Informal Notices and 40 Abatement or Statutory Notices for the abatement of nuisances and remedy of sanitary defects in and around dwellings were served on owners and occupiers and these resulted in the accomplishment of works in the classified statement below. The statement also includes work carried out in factories and food premises, etc. following the service of Preliminary Notices, but excludes work done under the Housing Acts.

NATURE OF NUISANCES DEALT WITH							Nos.
HOUSES—							
Verminous dwellings disinfested	...	...	...	...	...	...	71
Dirty houses cleansed	...	...	...	...	...	...	26
Repairs to roofs, floors, walls, eavestroughing, rainwater pipes chimneys, and general repairs to brickwork or stonework (including dampness) and repair or renewal of house fittings	...	...	...	...	...	...	1266
YARDS, PASSAGES, etc.							
Repairs to yard surfaces, gates, walls, etc.	...	...	...	...	...	...	15
Offensive accumulations and stagnant water removed	...	...	...	...	...	...	16
SANITARY CONVENIENCES—							
Closet buildings repaired	...	...	...	...	...	...	63
Closet fittings repaired	...	...	...	...	...	...	117
DRAINS—							
Main or branch drains repaired or cleared	...	...	...	...	...	...	45

## GENERAL—

Absence or unsatisfactory condition of sanitary accommodation at factories ... ..	10
Miscellaneous nuisances remedied ... ..	16

## FOOD PREMISES—

Absence of washing facilities ... ..	6
Lack of adequate ventilation ... ..	2
Want of limewashing or cleansing of premises used for the preparation or storage of food ... ..	26

**Housing.**

During the year the Housing Committee continued to accept representations for the demolition or closing of unfit houses and to make Orders, though still on a limited scale. Under these circumstances, it was only possible to deal with houses which were very seriously unfit for human habitation or so dilapidated as to be dangerous. Representations concerning 62 such houses were submitted during the year, but eight of these houses were empty when the representation was made. The Housing Committee dealt with the representations as follows :—

Demolition Orders made ... ..	40
Closing Orders made ... ..	6
Pre-War Demolition Orders enforced ... ..	1
Houses owned by Corporation demolished without making formal Orders ... ..	5
Undertakings accepted from Owners that houses would not be used for human habitation ... ..	6

The remaining four houses were demolished by the owners before the making of formal Orders.

**Applications for Corporation Houses.**

During 1952, 96 houses have been inspected and reported upon in this connection. After inspection and report each case is considered individually by the Medical Officer of Health and the Chief Sanitary Inspector in accordance with certain broad principles, before being referred to the Housing Committee for final decision. It is complimentary to the Points Letting Scheme that these special cases are still declining at the present time.

**Common Lodging Houses.**

There are seven of these premises registered. Six of the premises were registered for the twelve months, but in the other case registration was granted for a period of six months and in mid-year the licence was renewed for a further period of six months. It may be remembered that in the last Annual Report reference was made to the fact that this lodging house during 1951 had been registered quarterly in an effort to bring about an improvement in the conduct of the premises. Some improvement resulted, hence the decision to licence the premises for a period of six months. It remains to be seen whether the improvement will be maintained.



The accommodation provided in the seven premises comprises 35 rooms containing 445 beds. There were 102 visits of inspection made during the year.

### Houses Let in Lodgings.

The control of houses-let-in-lodgings has presented an extremely difficult problem during the year. The establishment of such premises tends to occur without notification to the Local Authority and the discovery of them has not been easy. The inspection of the premises takes considerable time and much of the work has to be done outside the normal office hours. There were 222 inspections of such premises during the year. The main causes of complaint were poor food storage accommodation, inconvenient fuel stores and lack of adequate washing and cooking accommodation, all tending to create uncleanness in the rooms. It was often difficult to ensure the maintenance of cleanliness in common rooms and passages. Refuse bins were often misused and yard surfaces fouled. Many houses and rooms, however, were well kept and provided with reasonable amenities.

### Closet Accommodation.

The accommodation in the Borough at the end of December was approximately as follows :—

Fresh Water Carriage System	...	...	...	28,907
Pail Closets	...	...	...	913
Waste Water Closets	...	...	...	1,364
Privy Middens	...	...	...	19

It may be of interest to recall that in 1911 when the scheme for the conversion of pail closets commenced it was estimated that there were 14,031 pail closets in use in Rochdale. In 1933 the inclusion of Norden in the Borough added 453 pail closets to the list making a total of 14,484. During 1952, 37 pail closets were converted to the fresh water carriage system and at the end of the year 913 pail closets were still in use.

The table below shows that almost all these remaining pail closets are difficult to convert. In some cases, it must be accepted that conversion is physically impossible. In other cases the properties associated with the pail closets should be demolished.

In addition to the conversion of pail closets, 82 waste water closets were converted to the fresh water carriage system during the year.

Number and Class of Premises involved			Total number of Closets	Conversion held up by Sewer Difficulties	Property Scheduled for Dem.	Capable of Conversion
Dwellings with shared accommodation	742		309	125	163	21
Dwellings with separate accommodation	491		491	335	108	48
Churches	7	}	38	72	—	26
Schools	2					
Shops, Workshops, etc.	29					
Sports Clubs and Clubs, etc.	12		41	25	—	16
	1283		913	531	271	111



### **Smoke Abatement.**

There were 167 smoke observations of one half-hour each made during the year and two contraventions of the Public Health Act, concerning two firms, were reported to the Committee. A contravention of this Act is the emission of black smoke from a factory chimney for more than two minutes in any period of thirty minutes.

The Committee authorised the service of the appropriate Notice on two firms. One of the firms operated a small boiler and it was suggested that if coke were used or if a mixture of coal and coke were used then the emission of black smoke could be avoided and the emission of other forms of smoke would be reduced. The chimney provided for this plant is very short and the emission of any smoke other than faint in character gives rise to complaint. Arrangements were made with the North Western Gas Board for a supply of coke to be made available to this firm and the use of this produced some improvement. Unfortunately, small plants of this kind do not provide sufficient work for a man to be employed full-time and the attention given to the firing of the plant tends to be sporadic, thus producing bursts of black smoke. The second case illustrates the same problem in connection with a much bigger boiler. The firm concerned, following on electrification for power, use only about ten tons of coal per week for heating and in this case, again, the cause of the trouble was lack of regular attention on the part of the fireman, coupled, according to the Management, with poor fuel. It was felt that with the boiler having only so light a load the quality of the fuel could not have been a material factor in the nuisance. This opinion was borne out by the fact that observations taken after the fireman started to give regular attention to the fire revealed no nuisance.

### **Measurement of Atmospheric Pollution.**

In January, 1951, three stations were established to provide records indicating the nature and extent of atmospheric pollution in the Borough. At each of these there is a deposit gauge and a sulphur dioxide gauge. The deposit gauge consists of a glass bowl of known diameter, which collects the rainfall. Rainwater is directed into a large bottle and at the end of the month this is collected and analysed. In the sulphur dioxide gauge a specially prepared fabric is exposed to the atmosphere and absorbs from it sulphur products.

The sites of the stations are as follows :—

1. Roch Mills Sewage Works ;
2. Near the Church of the Good Shepherd, Entwisle Road ;
3. Foxholes House, Rugby Road.

By this arrangement it is hoped that the Roch Mills gauges will give an indication of pollution where the prevailing south-west wind enters the Borough and before it normally receives the products of combustion produced in the town. The other two stations, being situated to the north-east of the Roch Mills site, should give some indication of the trend of atmospheric pollution in the Borough itself.

The succeeding table shows the results of the analyses of the material collected in the three deposit gauges during the year, and the average figures for the year 1951 are also included so that some comparison may be made.

# ATMOSPHERIC POLLUTION—Average Monthly Deposit at Three Gauges during 1952.

A.—Foxholes House Gauge				B—Entwisle Road Gauge				C—Roch Mills Gauge (Sewage Works)				
Month	Average Rainfall in millimeters			Insoluble Deposit in tons per sq. mile			Soluble Deposit in tons per sq. mile			TOTAL DEPOSIT in tons per sq. mile		
	A	B	C	A	B	C	A	B	C	A	B	C
January	...	...	...	...	...	...	...	...	...	...	...	...
February	...	...	...	...	...	...	...	...	...	...	...	...
March	...	...	...	...	...	...	...	...	...	...	...	...
April	...	...	...	...	...	...	...	...	...	...	...	...
May	...	...	...	...	...	...	...	...	...	...	...	...
June	...	...	...	...	...	...	...	...	...	...	...	...
July	...	...	...	...	...	...	...	...	...	...	...	...
August	...	...	...	...	...	...	...	...	...	...	...	...
September	...	...	...	...	...	...	...	...	...	...	...	...
October	...	...	...	...	...	...	...	...	...	...	...	...
November	...	...	...	...	...	...	...	...	...	...	...	...
December	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	...	...	...	...	...	...	...	...	...	...	...	...
AVERAGES	...	...	...	...	...	...	...	...	...	...	...	...
Average of three gauges {	1952	1951	...	...	...	...	...	...	...	...	...	...

**NOTE:** The high deposits at the "Good Shepherd" Gauge during June, August and September may have been due to interference. During July the Analyst was unable to issue a report because of gross contamination. On October 1st, 1952, the gauge was removed to an adjoining site where it is under better control.

It should be remembered, however, that the value of these observations lies in the fact that they indicate the trend of atmospheric pollution rather than that they provide precise figures of the amount deposited in any particular area.

In reading the results shown in the succeeding table it may be well to bear in mind the observations made in the official brochure on the investigation of atmospheric pollution, which are as follows :—

“The month-to-month fluctuations in deposited matter are often the result of variations in weather and a long period of observation, preferably five years, is needed before reliable conclusions can be drawn about the average level of pollution or about the rate at which it is being produced”.

### Sulphur Dioxide Gauges.

The results obtained from these instruments are tabulated below :—

Month			Foxholes	Entwisle Road	Roch Mills	Average
January ...	...	...	2.22	2.83	2.28	2.44
February ...	...	...	1.94	2.52	2.14	2.20
March ...	...	...	1.86	2.01	2.20	2.02
April ...	...	...	1.39	1.26	1.12	1.26
May ...	...	...	1.15	1.39	1.04	1.19
June ...	...	...	1.11	1.16	0.94	1.07
July ...	...	...	1.01	1.04	1.01	1.02
August ...	...	...	1.16	1.33	1.20	1.23
September ...	...	...	1.30	1.78	2.45	1.84
October ...	...	...	1.50	1.31	1.44	1.42
November ...	...	...	1.74	1.57	1.81	1.71
December ...	...	...	1.79	2.44	2.42	2.22
Average for 1952 ...	...	...	1.51	1.72	1.67	1.63
Average for 1951 ...	...	...	1.61	1.71	1.46	1.60

The results given above are the weight in milligrammes of  $\text{SO}_3$  collected per day on 100 square centimetres of treated fabric exposed. The purpose of this particular survey is to detect changes which may be taking place in the amount of pollution emitted each month, and it should be remembered that the method cannot be used to estimate the total amount of sulphur dioxide emitted in any given area.

### Local Joint Consultative Committee on Atmospheric Pollution.

The idea of setting up a Joint Consultative Committee on Atmospheric Pollution locally, took form at the end of 1951. It arose out of the satisfactory experiences of such Committees in similar Authorities with similar problems to ours, such as St. Helens, Widnes and Burnley. It became obvious that Regional and Divisional Councils on Smoke Abatement suffer very severe limitations when they come to deal with particular and local problems.



What is necessary today is co-operation between all interested bodies and persons on a local basis. The initiative for setting up these Committees usually comes from the Local Authority and requires the backing of the Health Committee. The Joint Consultative Committee has, as its name suggests, consultative or advisory functions only and has no statutory powers. These remain vested in the Health Committee of the Local Authority.

The Committee really got established in July, 1952. The meetings were attended not only by representatives of the Health and Housing Committees of the Corporation, but by representatives of the following local bodies :—Trades and Labour Council, Chamber of Commerce, Flannel Manufacturers' Association, Cotton Employers' Association, Engineering Employers' Association, Chamber of Trade and Property Owners' Association. The following national bodies were also represented by their Regional Officers—Electricity Board, Gas Board, Ministry of Fuel and Power, the Ministry of Housing and Local Government. The Chairman of the Health Committee was appointed Chairman of the Joint Committee.

At its meetings, reports are submitted on the progress of the Smokeless Zone procedure in this area, on atmospheric pollution gauge recordings in this area and on smoke observations taken in the Borough during the preceding three months. An opportunity is taken of discussing any new development or new information in connection with either the prevention of atmospheric pollution or the more efficient use of fuels, or methods of measuring and recording pollution.

The Committee inaugurated a course of instruction for boiler firemen at the Rochdale Technical College with the welcome co-operation of the Principal, Mr. Bott. Arrangements were also made for the Committee to visit industrial plants in the area where firms are attempting to reduce atmospheric pollution.

It should be noted that interest is not confined to smoke pollution alone, but includes atmospheric pollution due to various trade dusts.

### HOUSING SURVEY.

The survey of housing conditions in the Borough continued during the year, although it was impeded by the need to divert the staff to special duties for almost three months during the outbreak of Variola Minor. The officers concerned made reports on 3,831 houses, involving 3,925 visits. Thus since the survey began the total number of houses inspected is 14,104 of which 13,295 are reported on below.

In previous Annual Reports, the results of the inspection of five wards were given. This year it is possible to report on two further wards. The table also includes the totals for the five wards previously reported upon, so that the results for the seven wards so far dealt with are shown.



The wards concerned are indicated by symbols:—"A"—Falinge; "B"—Wardleworth (1950 Report); "C"—Central; "D"—Balderstone; "E"—Newbold (1951 Report); "F"—Deeplish; "G"—Smallbridge.

	Ward "F"	Ward "G"	Wards "A, B, C, D & E"	Totals
AGES OF HOUSES :				
Built before 1870 ...	513	773	5,980	7,266
Built 1871—1890 ...	345	363	2,221	2,929
Built 1891—1915 ...	1,059	902	2,444	4,405
Built 1916—1932 ...	44	8	283	335
Built after 1932 ...	108	123	651	882
Totals for whole Ward ...	2,069	2,169	11,579	15,817
TYPE OF HOUSES :				
Back-to-back ...	101	278	1,064	1,443
Inset Cottages ...	10	26	161	197
Not through houses ...	26	88	359	473
Through houses ...	1,734	1,564	7,874	11,172
Others ...	4	—	6	10
Total number Surveyed ...	1,875	1,956	9,464	13,295
CLOSET ACCOMMODATION :				
Water Closet ...	1,718	1,843	9,085	12,646
Waste Water Closet ...	125	30	121	276
Pail Closet ...	32	83	258	373
DOMESTIC WASHING FACILITIES:				
Washing done in—				
Wash-houses ...	17	2	96	115
Wash cellars ...	3	48	497	548
Sculleries or Kitchens	1,640	1,420	7,020	10,080
Living rooms or living kitchens ...	215	486	1,851	2,552
HOUSES WITH FIXED BATHS ...	482	382	2,281	3,145
HOUSES WITH VENTILATED				
FOOD STORES ...	111	43	1,109	1,263
GENERAL STANDARD OF REPAIR				
Good ...	1,052	825	2,060	3,937
Medium ...	588	744	4,504	5,836
Poor ...	235	387	2,900	3,522
HOUSES OVERCROWDED ACCORDING TO HOUSING ACT				
STANDARDS... ..	8	11	93	112

## INSPECTION AND SUPERVISION OF FOOD.

### Milk Distribution.

Since the Milk and Dairies Regulations, 1949, came into operation the Local Authority has the duty of controlling the distribution of milk and has also control over the use of the various special designations.

The number and kind of licences and registrations issued under these Regulations are given below :—

Premises registered as Dairies	...	...	...	...	3
Persons licensed as Distributors of Milk	...	...	...	...	367
Dealer's licences to sell Pasteurised Milk	...	...	...	...	27
Dealer's licences to sell Tuberculin Tested Milk	...	...	...	...	20
Dealer's licences to sell Sterilised Milk	...	...	...	...	252
*Supplementary licences—Pasteurised Milk	...	...	...	...	10
Tuberculin Tested Milk	...	...	...	...	10
Sterilised Milk	...	...	...	...	12

\* A Supplementary Licence is issued to persons whose premises are outside the Borough, but who distribute within the Borough.

### Cleanliness and Keeping Quality of the Milk Supply.

There were 144 samples submitted to determine the cleanliness or keeping quality of the milk, and where the samples were of heat-treated milk, tests were applied to determine the efficiency of heat treatment.

The Methylene Blue Reduction Test was applied to 135 samples of which :—

48 were ungraded milks	2 proving unsatisfactory
29 were accredited milks	1 proving unsatisfactory
19 were tuberculin tested milks	3 proving unsatisfactory
11 were tuberculin tested	
pasteurised milks	all satisfactory
28 were pasteurised milks	all satisfactory.

The six unsatisfactory samples included five procured from farmers. These were reported to the Ministry of Agriculture and Fisheries whose duty it is to attend to such matters. The remaining sample was obtained from a dairyman, and in this case, the matter was referred to the Local Authority in whose district the dairy premises were situated.

The tuberculin-tested (pasteurised) milks (11 samples) and the pasteurised milks (28 samples) were also tested by the Phosphatase Test to determine the efficiency of pasteurisation and all proved satisfactory.

In addition, 9 samples of Sterilised Milk were submitted to the Turbidity Test, all of them proving satisfactory.

### Examination of Milk for M. Tuberculosis.

There were 126 samples of milk taken during delivery to customers for examination for the presence of M. Tuberculosis. Negative results were received for 117 samples and 9 samples were reported to contain M. Tuberculosis. These

positive samples were reported immediately to the Ministry of Agriculture and Fisheries, whose investigations at the farms concerned resulted in the isolation of five cows giving tubercular milk, all of which were slaughtered.

In one case during the year the provisions of Regulation 20 of the Milk and Dairies Regulations, 1949, were applied to a tubercular milk supply. This involved the making of an Order directing that all milk produced at a certain farm should be heat-treated. The Order remained in force until the Ministry of Agriculture and Fisheries was able to certify that the herd was free from infection. In all, 1,491 gallons of milk produced in a period of a little under two months were sent for heat-treatment. The producer was compelled to obtain pasteurised milk for his customers whilst the Order was in operation. He claimed and was paid compensation for the loss he sustained, 75% of that compensation being repaid to the Corporation by the Ministry of Health.

A further method of discovering tubercular milk supplies is through the detection of Congenital Tuberculosis in young calves slaughtered for food. A note of this is included under the heading "Carcases inspected and condemned".

### Meat and Food Supply.

There has been regular inspection of meat and food offered for sale and over 51 tons have been condemned as unfit for human consumption being either destroyed or disposed of for salvage purposes. The following Table gives a detailed report on the examination of carcasses inspected at the slaughter-houses.

**Carcasses Inspected and Condemned**

	Cattle ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed ... ..	3,413	1,961	1,414	19,573	1,244
Number inspected ... ..	3,413	1,961	1,414	19,573	1,244
ALL DISEASES EXCEPT TUBERCULOSIS :					
Whole carcasses condemned ...	1	3	9	27	6
Carcasses of which some part or organ was condemned ...	606	656	—	1333	41
Percentage of the number in- spected affected with disease other than Tuberculosis ...	17.78%	33.60%	0.64%	6.95%	3.78%
TUBERCULOSIS ONLY :					
Whole carcasses condemned ...	4	31	4	—	4
Carcasses of which some part or organ was condemned ...	290	710	—	—	32
Percentage of the number in- spected affected with Tuber- culosis ... ..	8.61%	37.79%	0.29%	—	2.97%



If the foregoing table is compared with the similar table published in the Annual Report for 1951 it will be seen that the number of cows slaughtered is considerably less than in that year. One of the effects of this is seen in the reduction in the amount of meat condemned as unfit for human consumption.

It will be seen that four calves were condemned because of tubercular lesions mainly in the liver. It is probable that this infection had been derived from the mother and accordingly the Ministry of Agriculture and Fisheries (Animal Health Division) was notified. It was only possible to trace one of the calves and investigation at the farm did not disclose the presence of any tubercular cows. The usefulness of this method of discovering tubercular cows has been impaired because since the local grading centre closed the number of very young calves sent to the slaughterhouses is considerably reduced.

In addition to the inspection of animal carcasses shown in the foregoing table the Meat Inspectors saw the carcasses of 3,278 horses. Of these, five whole carcasses, 7 part carcasses and 419 organs were condemned as unfit for human consumption.

### **Rochdale Corporation Act, 1937.**

This Act deals with the registration of premises for the preparation and sale of various foodstuffs.

During the year 2,944 visits have been made to premises such as slaughterhouses, butcher's shops, fish and chip shops, cooked food shops, and cafes and restaurants. There has also been regular inspection of canteens at factories.

In this matter of Factory canteens, the help and co-operation of the Canteens Advisors to H.M. Inspector of Factories has been readily available to the Department during the year and I take this opportunity of acknowledging their co-operation.

The Bye-laws under the Food and Drugs Act, 1938, with respect to the handling of food, etc. and the sale of food in the open air, continued to be enforced during the year. No major breaches of the Bye-laws were discovered, but on many occasions, it was found necessary to draw the attention of persons to minor breaches of the Bye-laws. In general, these were due to thoughtlessness, and in some cases, to ignorance rather than to any wilful action.

During the year, several talks were given by the officers of the Department to members of the public, and in each case, the attention of those persons at the meetings was drawn to the existence of these Bye-laws, and they were asked to bring to the attention of the Department any conditions in food premises and any conduct on the part of food handlers which were undesirable. No complaints however, were received, and until there is some greater public interest in this matter, the responsibility for discovering breaches of these Bye-laws will continue to rest upon the staff of the Public Health Department—a staff whose size limits the amount of work which can be done in this connection.



## Food Poisoning.

No outbreaks of food poisoning affecting persons in the Borough occurred during the year, but one small outbreak in a neighbouring town was traced to premises within the Borough. The cause of the food poisoning was quickly discovered, and such measures as were necessary to prevent a recurrence were immediately put in force. In this case, the outbreak was due to the presence of very minute septic spots on the hands of a person dealing with the food. The spots were so small that their significance could easily escape attention, and it is felt that in this case, no blame could be attached to the food handler.

## Manufacture and Sale of Ice Cream.

At the end of the year 268 premises were registered for the sale and storage of ice-cream and four premises were registered for the manufacture, storage and sale of ice-cream. There were 25 visits of inspection made to manufacturers' premises and 82 visits were paid to premises selling ice-cream. In addition, 39 samples of ice-cream were taken and submitted to the Public Health Laboratory for examination. The results were as follows :—

Grade 1—30 samples.

Grade 3—3 samples.

Grade 2— 4 samples.

Grade 4—2 samples.

Samples falling into Grades 1 and 2 are regarded as satisfactory. Of the five samples which were unsatisfactory only one was the product of a local maker. He was informed of this and subsequently he produced much better results. The remaining four unsatisfactory samples were reported to the Local Authorities in whose areas the maker's premises were situated and appropriate action was taken by those Local Authorities.

Single Reports on the testing of ice-cream for cleanliness have little value as a criterion of the methods employed in the manufacture of the product. It is necessary to consider a series of reports before coming to any conclusion. Nevertheless, a single bad report is sufficient to indicate that the manufacturer's premises and methods may have been unsatisfactory, perhaps temporarily, and prompt attention to a single bad report may well prevent conditions from deteriorating further.

## FOOD AND DRUGS ACT, 1938.

The total number of samples obtained and submitted to the Public Analyst was 243, consisting of 147 samples of milk, 38 of ice-cream and 58 miscellaneous samples of other types of food.

Adverse reports were received in the case of eight samples of which six were milks. The others concerned a sample of ice-cream and one of tea.

Three samples of milk obtained during delivery were reported to be below standard, and three "appeal to cow" samples were taken to ascertain the nature of the deficiencies reported by the Analyst.

As a result of this, it was found that two of the three sub-standard samples were of milk which was naturally deficient in one or other of its constituents—a condition which calls for advice on feeding and on herd management.

In the remaining case, the appeal to cow sample showed that the deficiency reported in the original sample—12.1% extraneous water, was not due to natural causes, and the farmer concerned was prosecuted. He was fined £10 and ordered to pay the Analyst's fee of £1 1s. 0d.

The ice-cream sample had been taken informally and was found to be 10% deficient in fat. A formal sample taken subsequently was found to be genuine.

In the case of the sample of tea, it was found to contain a growth of mould and the whole of the affected stock was surrendered by the shopkeeper concerned and was destroyed.

The remainder of the ice-cream samples conformed to the standards of the Ministry of Food. The fat content of these samples ranged from 4.00% to 11.20%, the average being 8.39% (the minimum fat content required at the beginning of the year was 5%, later the standard was reduced to 4%).

All the remaining miscellaneous samples examined were found to be free from adulterants and complied with the appropriate regulations.

### **Factories Act, 1937.**

Certain provisions of the Factories Act are the responsibility of the Local Authority and the administration of these provisions required 472 visits during the year. This figure includes 292 visits to bakehouses which were also classed as factories. Written notices were sent in 15 instances concerning such matters as want of cleanliness and insufficient, unsuitable or defective closet accommodation. In 15 other cases it was necessary to issue verbal warnings chiefly in connection with want of limewashing in factories.

Amongst the works of improvement was included the conversion of nine pail closets and the provision of eight additional closets at one factory and the conversion of four pail closets at another. In addition, 27 new and additional water closets were provided at 10 factories where in every case the accommodation was already sufficient according to legal requirements.

### **Rag Flock and Other Filling Materials Act, 1951.**

This Act provides for the registration of premises where filling materials of certain types are used in the manufacture of bedding, toys, baby carriages and other articles of upholstery and also for the licensing of premises where rag flock is manufactured or stored. Regulations made under the Act apply certain standards by which the cleanliness of various filling materials can be assessed. Four premises in the Borough were registered for the purposes of the Act but no premises exist which require licences for manufacture or store.

Ten visits were made to registered premises during the year and seven samples of different upholstery materials were obtained and submitted for examination. All of them satisfied the standards prescribed in the Regulations. The scope of this Act is not so wide as might be thought because the re-conditioning of upholstery does not call for registration of premises.

# **FACTORIES ACTS, 1937 and 1948.**

**Annual Report of the Medical Officer of Health in respect of the year 1952 for the County Borough of Rochdale in the County of Lancaster.**

## **Part I of the Act.**

**1. INSPECTIONS** for the purposes of provisions as to health (including inspections made by Sanitary Inspectors.

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written notices (4)	Occu- piers prose- cuted (5)
(i) Factories in which Sec. 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	78	80	1	—
(ii) Factories not included in (i) in which Sect. 7 is enforced by the Local Authority .....	630	378	13	—
(iii) Other Premises in which Sec. 7 is enforced by the Local Authority (excluding out-workers premises) .....	13	14	1	—
<b>TOTAL .....</b>	<b>721</b>	<b>472</b>	<b>15</b>	<b>—</b>

**2. CASES IN WHICH DEFECTS WERE FOUND.** (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases".

Particulars (1)	No. of cases in which defects were found				No. of cases in which Pros. instituted
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ...	15	15	—	—	—
Overcrowding (S.2) .....	—	—	—	—	—
Unreasonable temperature (S.3) .....	—	—	—	—	—
Inadequate ventilation (S.4) .....	—	—	—	—	—
Ineffective drainage of floors (S.6) .....	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .....	3	3	—	2	—
(b) Unsuitable or defective .....	24	20	—	24	—
(c) Not separate for sexes .....	4	2	—	4	—
Other offences against the Act (not including offences relating to Outwork) .....	—	—	—	—	—
<b>TOTAL .....</b>	<b>46</b>	<b>40</b>	<b>—</b>	<b>30</b>	<b>—</b>



## Prevention of Damage by Pests Act, 1949.

The staff engaged on this work consists of three men and assistance is provided by the Borough Surveyor's Department whilst the destruction of rats in sewers is proceeding.

During the year 865 dwellinghouses and 233 business and other premises were inspected for the presence of rats or mice. Treatment was necessary at 535 dwellinghouses and at 128 business and other premises, and the total number of visits needed to carry out this work was 3,512.

The estimated kill was 3,823 rats, 503 bodies being recovered. In addition the bodies of 1,120 mice were found.

The main sewers were treated twice during the year. In the course of the first treatment 2,586 manholes were baited and 951 of these showed evidence of rat infestation and were treated by the placing of poison baits. This work was preceded by the test baiting of 180 manholes in districts where rat infestation of the sewers was thought to be unlikely. This work enabled us to exclude 740 manholes from the treatment.

The second treatment took place in November and December, 1952 and 2,169 manholes were baited. Of these 915 were found to be infested and were treated by the placing of poison baits. On this occasion of course the bait and poison used differed from the ones employed in the first treatment of the year.

No test baiting was necessary during the second treatment as the Ministry of Agriculture and Fisheries accepted the test baiting done earlier in the year as sufficient grounds for excluding from treatment the group of 740 manholes referred to above.

It is not possible to estimate the "kill" because the method used is to place unpoisoned bait on alternate days and to place a poison bait in each manhole where a "take" has been recorded. No inspection is made to determine the amount of poison bait taken. The method effects considerable economy, but does not make it possible to provide a reliable estimate of the efficacy of the treatment.

## Cleansing Station.

The general working of the Cleansing Station is under the supervision of a District Sanitary Inspector. The station is open from Monday morning till Saturday mid-day. Evening sessions are available as required for those engaged in industry.

The following Tables show the number of persons cleansed at this Station :—

	1952	1951	1950	1949
Scabies ... ..	30	31	57	161
Other Verminous Conditions ...	179	205	397	705
Total ... ..	209	236	454	866



	Scabies	Verminous Conditions	Total
Infants ... ..	7	9	16
Children of School Age...	18	145	163
Adults ... ..	5	25	30
	30	179	209

Only a small number of cases of scabies required attention during the year and once again the efforts of the staff could be directed to the treatment of children with verminous heads who otherwise would have had to be treated at home. In addition, it was found possible in a limited number of cases to enlist the services of the Clinic staff in dealing with certain problem families and some success was obtained. This was perhaps chiefly due to the method of approach adopted and it is hoped that this aspect of the Clinic work may be given greater attention during 1953.

Comment on general conditions amongst pre-school children will be found in the Maternity and Child Welfare Section and in the School Medical Report in respect of children of school age.

### **Shops Act, 1950.**

No Notices under this Act were issued during 1952.

### **Offensive Trades.**

The number of premises at which these trades were carried on in the Borough is as follows :—

Tripe Boiling ... 1	Knacker's Yard (Bone Boiling) ... 1
Fellmongering ... 2	Rag and Bone Dealers ... .. 5

The knacker's yard is visited regularly, 96 visits being made during the year. Visits at intervals are made to the other offensive trades.

**TABLE I.—Vital Statistics of Whole District during 1952,  
and previous years.**

Year	Population estimated to Middle of each Year	LIVE BIRTHS		Nett Deaths belonging to the District.			
		Nett		Under 1 year of age		At All Ages	
		Number	Rate per 1,000 of est. population	Number	Rate per 1,000 Nett Live Births	Number	Rate per 1,000 of est. population
1942	†83,150	1276	15.3	90	71	1282	15.4
1943	†81,550	1268	15.5	58	46	1324	16.2
1944	†81,380	1320	16.2	67	50	1174	14.4
1945	†81,100	1267	15.6	56	44	1263	15.5
1946	†85,200	1521	17.8	75	49	1272	14.9
1947	†86,110	1725	20.0	95	55	1399	16.2
1948	88,110	1500	17.0	57	38	1245	14.1
1949	88,930	1362	15.3	56	41	1320	14.8
1950	89,530	1371	15.3	64	47	1316	14.7
1951	87,300	1275	14.6	69	54	1457	16.7
Average for years 1942-1951	85,236	1388	16.3	69	50	1305	15.3
1952	86,890	1321	15.2	52	39	1248	14.4

† Estimated Civilian Population

TABLE II.

## CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE.

Year 1952.

				All Ages	0-	1-	5-	15-	25-	45-	65-	75-
<b>ALL CAUSES</b> ... Males ...				<b>641</b>	<b>31</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>39</b>	<b>171</b>	<b>192</b>	<b>196</b>
Females				<b>607</b>	<b>21</b>	<b>1</b>	...	<b>3</b>	<b>22</b>	<b>132</b>	<b>188</b>	<b>240</b>
1—Tuberculosis of Respiratory System	...	...	...	26	...	...	...	2	10	11	3	...
2—Other Forms of Tuberculosis	...	...	...	4	1	1	...	1	...	1	...	...
3—Syphilitic Disease	...	...	...	6	...	...	...	...	...	3	2	1
4—Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
5—Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...
6—Meningococcal Infections	...	...	...	1	...	...	...	...	1	...	...	...
7—Acute Poliomyelitis and Polioencephalitis	...	...	...	...	...	...	...	...	...	...	...	...
8—Measles	...	...	...	...	...	...	...	...	...	...	...	...
9—Other Infective and Parasitic Diseases	...	...	...	2	...	...	...	...	...	1	1	...
10—Cancer of Stomach	...	...	...	33	...	...	...	...	...	10	16	7
11—Cancer of Lung Bronchus	...	...	...	28	...	...	...	...	1	15	8	4
12—Cancer of Breast	...	...	...	22	...	...	...	...	1	10	5	6
13—Cancer of Uterus	...	...	...	12	...	...	...	...	1	7	2	2
14—Cancer of all other sites	...	...	...	90	...	...	1	1	6	30	28	24
15—Leukaemia and Aleukaemia	...	...	...	4	...	...	...	...	1	2	1	...
16—Diabetes	...	...	...	7	...	...	...	...	...	2	4	1
17—Vascular Lesions of Nervous System	...	...	...	208	...	...	...	...	5	37	73	93
18—Coronary Disease—Angina	...	...	...	148	...	...	...	...	4	54	56	34
19—Hypertension with Heart Disease	...	...	...	26	...	...	...	...	...	7	9	10
20—Other Heart Diseases	...	...	...	217	...	...	...	1	4	31	81	100
21—Other Diseases of the Circulatory System	...	...	...	79	...	...	...	...	2	6	22	49
22—Influenza	...	...	...	3	...	...	...	...	...	2	...	1
23—Pneumonia	...	...	...	41	10	...	...	...	1	5	10	15
24—Bronchitis	...	...	...	67	...	...	...	...	3	16	24	24
25—Other Respiratory Diseases	...	...	...	9	...	...	...	...	3	4	1	1
26—Ulceration of the Stomach or Duodenum	...	...	...	15	...	...	...	...	3	8	2	2
27—Gastro Enteritis and Diarrhoea	...	...	...	4	2	...	...	...	...	1	1	...
28—Nephritis and Nephrosis	...	...	...	7	...	...	...	...	...	2	4	1
29—Hyperplasia of Prostate	...	...	...	13	...	...	...	...	...	1	3	9
30—Pregnancy, Childbirth and Abortions	...	...	...	1	...	...	...	...	1	...	...	...
31—Congenital Malformations	...	...	...	10	8	1	...	...	...	1	...	...
32—Other defined and ill-defined diseases	...	...	...	121	29	1	1	1	5	23	21	40
33—Motor Accidents	...	...	...	6	...	...	2	...	1	2	1	...
34—All Other Accidents	...	...	...	24	2	2	1	...	3	4	1	11
35—Suicide	...	...	...	12	...	...	...	...	3	7	1	1
36—Homicide and Operations of War	...	...	...	2	...	...	...	...	2	...	...	...

TABLE III.

INFANT MORTALITY.—Net Deaths from stated causes at various  
Ages under one year of age—Year 1952.

CLASSIFIED CAUSES OF DEATH	AGE AT DEATH					Total Deaths under 1 year	
	Under 4 weeks	4 weeks to 3 months	3-6 months	6-9 months	9-12 months	1952	1951
Tuberculosis, Non-Respiratory	...	...	...	1	...	1	...
Bronchitis	...	...	...	...	...	...	2
Other Respiratory Diseases	...	...	...	...	...	...	1
Gastritis and Diarrhœa	...	...	2	...	...	2	3
Pneumonia	...	...	...	...	...	...	...
Prematurity	...	...	...	...	...	...	...
Congenital Malformations	...	...	...	...	...	...	...
Other Causes	...	...	...	...	...	...	...
ALL CAUSES—1952	...	...	...	...	...	...	...
ALL CAUSES—1951	...	...	...	...	...	...	...

Net Live Births in the year :—Legitimate 1,233 ; Illegitimate 88.

Net Deaths in the year :—Legitimate infants 48 ; Illegitimate infants 4.



# ANNUAL REPORT

ON THE

## MEDICAL INSPECTION OF SCHOOL CHILDREN

*For the Year ended 31st December, 1952*

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# SCHOOL MEDICAL SERVICE.

School Medical Officer	...	...	...	...JOHN INNES, M.D., D.P.H.
Deputy School Medical Officer	...	...	...	...NORA MILLS, M.D.
Assistant School Medical Officers	...	...	...	...MARY F. JOEL, M.B., Ch.B. (Edin.) JEAN MOORE, M.B., B.S. (Lond.)
Senior School Dental Officer	...	...	...	...H. P. GLEDSDALE, L.D.S.
Assistant School Dental Officers	...	...	...	...R. J. G. YOUNG, L.D.S. One Vacancy.
Speech Therapist	...	...	...	...Mrs. C. J. CAPES L.C.S.T.
Orthoptist	...	...	...	...DAPHNE DA CUNHA, D.B.O.
School Nurses	...	...	...	...E. BLEASDALE, S.R.N., S.C.M. E. MAXIM, S.R.N., Q.N. M. ASHWORTH, S.R.N., S.C.M. H. BOWDELL, S.R.N., S.C.M., H.V., Q.N. A. TONGE, S.R.N.
Clinic Nurses	...	...	...	...B. MADEN, S.R.N. C. WALKER, S.R.N., S.C.M., H.V., (Part-time)
Dental Attendants	...	...	...	...GERTRUDE PETRIE JEAN M. COCKROFT
Clerks	...	...	...	...Mrs. D. BARNISH JUNE MILLS. DOROTHY CLARENCE

## Consultants :

Ophthalmic Surgeon	...	...	...	...R. S. SCOTT, M.B., Ch.B., D.O.M.S.
Aurists	...	...	...	...V. T. SMITH, M.D., F.R.F.P.S. J. D. THOMPSON, M.R.C.S., L.R.C.P., D.L.O.

Available for consultations at Smith Street Clinic by arrangement with Regional Hospital Board :

Paediatrician (Appointed 1/12/1951)	...	...	...	...B. WOLMAN, M.D., M.R.C.P., D.Ch.
Orthopaedic Surgeon	...	...	...	...A. P. GRACIE, F.R.C.S.

**To the Chairman and Members of the Education Committee of the  
County Borough of Rochdale.**

LADIES AND GENTLEMEN,

I beg to submit my Annual Report for 1952, being the forty-fourth report on the School Medical Services in Rochdale.

The School Population once again shows a slight increase due to the wave of children arising out of the increased number of births in the immediate post-war years.

The Report includes both reference to the building of new schools and to improvements in the hygiene of existing schools.

It is not so easy to draw attention to interesting features in the Report as it was in last year's. The general impression is of advances noted last year being consolidated this year or making that forward step which had already been anticipated.

In several parts of the Report mention is made of the complex nature of the problems with which the staff of the School Medical Service is now faced and, indeed, reference has been made to this in recent Reports. No doubt many of these reflect the increasing complexity of modern life. On the other hand, many of these intricate problems of individual behaviour were in the old days completely obscured by the over-lying defects of deformity or illhealth.

The chief factors which the staff have to fight against are low intelligence and apathy. The solution of problems arising out of these cannot be expected in the immediate future, but can only arise out of long-term planning. It is, at least, reassuring to be able to say that there is now scarcely any evidence of active antagonism to the advice given in the School Medical Service.

The routine inspection of large schools and immunisation campaigns become increasingly difficult to fit into a school year more and more cut up by holidays. One wonders what benefits are supposed to accrue to the child in this two-parent industrial area by increased absence from the primary school, which has so much to offer him and makes so little demand upon him.

Once again I wish to express my appreciation of the efforts of the members of the School Medical Service during a year in which the forces were somewhat depleted by a diversion into other duties and by actual loss of staff. I am, as usual, indebted to Dr. Mills for the preparation of this Report, and am grateful for the support which the staff has received at all times from the Members of the Medical and Welfare Services Sectional Committee, and for the interest and assistance of the Chief Education Officer and his Staff.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

*John Lums.*

Medical Officer of Health  
and School Medical Officer.

16th July, 1953.

## School Medical Service

The Registrar-General's estimated civilian population for the County Borough for the year 1952 was 86,890.

	No. of Schools		No. of Children	
County Schools ...	...	16	...	6,844
Voluntary Schools	...	13	...	2,868
Grammar Schools	...	2	...	929
Technical Schools	...	2	...	665
Special Schools ...	...	3	...	242
Nursery Schools	...	4	...	301
		—		—
		40		11,849
		==		=====

Hill Top Infant School (240 places) and Kirkholt Junior School (480 places) both of which were opened during 1952 are the second and third new schools on the Kirkholt Estate, the other being Kirkholt County Infants West School. A county school for senior children is to be built in the same neighbourhood.

### Staff.

The staff of the School Medical Service is as set out on Page 3. Dr. Dennis left the Service on January 31st, transferring to the Maternity and Child Welfare Section of the Public Health Department. Dr. Joel took up the position of full-time Assistant School Medical Officer and Dr. Moore was appointed to the vacancy thus created, as Medical Officer between the two Services.

Miss Bowdell was appointed on January 1st as a full-time School Nurse, Mrs. Crowther left the Service for health reasons, Mrs. Ashworth left on February 28th and Mrs. Tonge was appointed, also as a full-time School Nurse, starting work on April 1st.

The sudden death of Mrs. M. Wild, Clinic Nurse, in February came as a great shock to her colleagues who missed very much her cheerful efficiency.

Temporary School Nurses have come and gone during the year and for a good part of the year we were understaffed in this section.

The post of Third Dental Officer remains vacant in spite of much advertising and a few tentative enquiries.

### Clinic Premises.

Various alterations have been made within the Clinic building during the year chiefly by demolition of an unnecessary partition wall and the erection of other partitions or screens. By these means the available floor space is now



more efficiently used and a small extra consulting room for the third doctor and a room for the clerks have been provided without decreasing the space for the minor ailment clinic. Two of the original five dressing cubicles are lost by this arrangement but the remaining three are sufficient except on a few occasions in the year when other provision can be made.

### School Hygiene.

The Authority's policy of improving older school premises continues. New washbasins and a hot water system have been installed at Heybrook School and similar work is in progress in certain other schools.

### Periodic Medical Inspection. (Table I. Page 28).

All schools have been visited for periodic medical inspection during the year by the Medical Officers.

The following is a summary of the work done in this connection.

					1952	1951
					<hr/>	<hr/>
Periodic Medical Inspections	...	...	...	...	3,759	4,051
Special Inspections	...	...	...	...	241	198
Re-inspections	...	...	...	...	3,352	3,499
Open Air School	...	...	...	...	694	445
Clinic Inspections (new cases)	...	...	...	...	1,994	2,304
Clinic Re-inspections	...	...	...	...	3,758	1,892
Special Examinations and Investigations	...	...	...	...	618	777
					<hr/>	<hr/>
					14,416	13,166
					<hr/> <hr/>	<hr/> <hr/>
Parents interviewed in connection with Medical						
Inspections	...	...	...	...	542	990
					<hr/>	<hr/>
Cases seen by Ophthalmologist	...	...	...	...	974	1,290
Cases seen by Aurists (new cases)	...	...	...	...	574	396
Cases seen by Orthopaedic Surgeon (new cases)	...	...	...	...	77	177
Cases seen by Paediatrician	...	...	...	...	56	35
					<hr/>	<hr/>
					1,681	1,898
					<hr/> <hr/>	<hr/> <hr/>

The most significant changes in this Table are the reduced numbers of children referred to the Ophthalmologist and the Orthopaedic Consultant. In the first case, the reason is that 1951 was quite an exceptionally busy year in our Eye Clinics, as a direct result of setting up the Orthoptic Clinic, which was described in the 1951 Report. This involved many refractions including those for a large number of Rochdale children transferred from the Orthoptic Department at the Manchester Royal Eye Hospital to continue their treatment here.

The orthoptic clinic is now well-established beyond those phenomena common to new developments and we hope that this year's figures more nearly represent a normal year's work.

The establishment within the School Medical Service itself of a weekly Foot Clinic to deal with minor defects is the reason for the reduction in numbers referred to the Orthopaedic Consultant. This Foot Clinic was briefly mentioned in the 1951 Report and is described more fully in this.

#### Work of the School Nurses.

					1952	1951
Dressings at Morning Clinics	...	...	...	...	9,007	8,472
Hygiene Inspections	...	...	...	...	15,687	21,004
Hygiene Re-inspections	...	...	...	...	5,068	3,934
Open Air School Inspections	...	...	...	...	2,104	2,206
Inspections with Medical Officers—						
At School	...	...	...	...	7,352	7,748
At Clinics	...	...	...	...	5,772	5,704
Eye Clinic Cases	...	...	...	...	974	1,290
Aurists Clinic (total attendance)	...	...	...	...	696	1,178
Home Visits	...	...	...	...	431	486
					<hr/> 47,091	<hr/> 52,022

The total figure is considerably smaller than in the previous years, the reduction being mainly in the number of Hygiene Inspections. There are two reasons for this. Towards the end of February, 1952, Rochdale suffered an outbreak of Alastrim which continued until the middle of April. During this time the School Medical staff necessarily abandoned much of their routine work to conduct vaccination sessions at the Centre in Baillie Street, in schools and in factories, together with certain home visiting. For a part of this time the School Clinic premises were in the hands of builders and decorators so that Clinic work would in any case have been restricted for some weeks. When the Alastrim had died out, strenuous efforts were made, with success, to complete the Medical Inspection of Schools, but it was not possible entirely to make up the leeway in Hygiene Inspections.

As well as this, one group of schools was without a nurse for several months during periods of shortage of staff. Though the figures above do not suggest it, the School Nurses have had a very heavy year's work.

Four age-groups have been inspected, as in former years. For the second year in succession the entrant group is considerably larger than the others. Again more defects have been found in the eight year group than in the 11 or 14 year group which is our reason for retaining this group as periodic inspections (Table I).

### **Findings of Medical Inspection.** (Table II, Page 29).

As the years go by the findings of medical inspection in schools imperceptibly change. These changes reflect improved standards of living, new recreations, the stresses of modern life, as well as the more ample facilities now available for the treatment of defects found. Even 25 years ago, comparatively few illnesses or defects could be dealt with inside the framework of the School Medical Service in Rochdale and little more was available outside the Service. Orthopaedic conditions received admirable treatment at the Memorial Home for Crippled Children and its Clinic. This was a great boon in the days of osteotomies for the late results of rickets and other conditions which do not nowadays occur. The Open Air School dealt with malnutrition, "threatened" or non-infective tubercular lesions, the convalescence of orthopaedic cases, large numbers of children with "anaemia and debility", and a miscellany of rheumatic conditions, bronchitis and asthma, which last was then a boy's illness. In a very limited way the speech clinic periodically dealt with stammer and speech defects. There was one school dentist for 14,000 children. One eye clinic was held each week for refraction cases only. Tonsillectomies were performed at the Infirmary on those children whom the school doctor recommended.

It is only natural that an examining doctor or nurse should notice more readily those handicaps or defects for which treatment is available, and this is particularly true where the defect is early, slight and readily curable. There is little point in compiling lists and details of such matters as slight squint, mental retardation, minor speech defects, slight and early postural faults, or symptoms of early neurosis when nothing practical can be done to remedy such matters. If, however, an orthoptic clinic, special schools and classes, remedial exercises, speech therapy by modern methods and facilities for the investigation of backwardness are readily available, the evidence of such conditions leaps to the eye.

As has been said in previous reports illness of the psychosomatic type is absolutely increasing, but it is likely that many other things such as squint and sigmatism and backwardness were as common in the early days of the School Medical Service as now. Attention was simply not focussed on such matters when the time and attention of the small medical and nursing staff of those days was fully engaged with the obvious and urgent things such as rickets, enlarged cervical glands, anaemia, malnutrition and the infestations and infections of the poverty stricken, the slum dweller and the lazy.

The five-day week in the textile and other local trades has had its effect on the week's work at the Clinic. Saturday morning, formerly the quietest morning of the week, was then used chiefly for clearing up the week's clerical work, in sorting cards and entering registers and books. It is now one of the busiest sessions, since many parents find this free morning the most convenient time to attend for interviews. Newsboys and other part-time workers can most easily be examined on this day and diphtheria immunisation can be arranged for children who have missed their turn at school. Parents call in during their morning's shopping to ask about the progress of their children at special schools and to make innumerable other enquiries.



Our educational work continues as usual, with the hope, however faint, of helping people to lead healthy lives as far as is within their power and not to expect bottles of medicine or tablets to repair damage done by neglecting the simple rules of health. As always our enemies are apathy, indifference or low intelligence, that is to say, lack of will and knowledge rather than active opposition which is but rarely met.

The following brief account of a few children about whom we were consulted during the past year shows the increasing complexity of our work.

1. Boy aged six years six months, referred by Head Teacher because of truancy, laziness, and cruelty to other children. His mother and grandmother had spoiled him but had not trained him to any kind of discipline. The mother was an extremely self-righteous and stupid woman, very unco-operative and her husband had deserted her, for what seemed obvious reasons, some years ago. She blamed other people for the child's misdoings and for her own failings. After strenuous efforts on the part of the school doctor and nurse things seem to have improved and there is now no complaint of his behaviour in school.
2. Boy aged five years nine months, who had suffered from infantile eczema and from asthma. When at a Mill Nursery was said to be spoiled and to use bad language. On admission to school he became a real problem, causing commotions in class, grinning when rebuked and throwing his dinner about. He was intelligent but would do no work and the Head Teacher referred him to the Clinic. With general advice to the parents and the co-operation of the family doctor there has been considerable improvement but he is still a naughty boy. He has been indulged at home because he was delicate in infancy.
3. Boy aged 11 years, referred by Paediatrician. Marked tics, nightmares, grunting noises and inability, according to his mother, to say even a short sentence without using improper or obscene words. He only does this when his mother is present and had completely ruined the family holiday. After admission to Continuation Hospital twice, and attendance at the Open Air School in between, he is very considerably improved.
4. Girl aged 11 years had been upset by seeing her grandfather dying and then dead. She developed night terrors, asthmatic spasm and fear of death, being afraid to go to sleep in case she never woke again. She was also growing very fast, was at puberty, and was working for entry to the Grammar School. Several people co-operated to help her and she now seems normal and is attending the Grammar School.

One symptom about which parents consult us with increasing frequency is the occurrence of "blackouts" often with no apparent cause and little or no accompanying departure from normal. These vary in severity from very slight to more definite petit mal. The mildest are hardly noticeable and only momentary in duration. The child either closes his eyes for a few seconds or the eyes become vacant and for this period of time he is definitely "not with" his companions. Parents' descriptions of what they prefer to call "blackouts" are



noticeably similar. They all use precisely the same words to describe the attacks, which may occur a dozen or twenty times a day and naturally cause anxiety to parents. The five girls and two boys with this symptom who have during 1952 been referred to our Consultant Paediatrician, have all been diagnosed as petit mal.

**Nutrition.** (Table IIB, Page 30).

The ratio of the figures in the groups A., B. and C, show considerable differences from those of recent years, but it is felt that this is due to changes of medical staff and varied criteria of judgment, rather than to such changes in the nutritional state of Rochdale school children, as the figures would suggest.

**Infestation with Vermin.** (Table III, Page 30).

As explained earlier in this Report, it has been impossible for the Nurses to spend as much time as usual on Hygiene Inspections. In spite of this much valuable work was done during the year, and the figures show a gratifying decrease in the incidence of infestation.

The total inspections numbered 15,687 which is 75% of those inspected in 1951. The number of children who had to be cleansed at the Public Health Committee's Cleansing Centre was however only 69, roughly half of the number referred in 1951 (139).

The School Nurses find again that the infestations are lighter than formerly and that what is now considered a moderately heavy infestation would a few years ago have been thought a very light one. This improvement in standards is most welcome in what remains the least interesting and most repetitive part of a School Nurse's work.

**Children Treated at the Cleansing Centre.**

	1952	1951
Verminous heads ... ..	69	139
Scabies referred by Clinic ... ..	20	14
Scabies referred by family doctor ... ..	1	—

**School Clinic.** (Table IV, Groups 1, 2, 3 and 7, Pages 31 and 32).

Again the total attendances at the Minor Ailment Clinic have risen and were 9,007 for 1952 as compared with 8,472 in 1951.

The chief changes are the reduced numbers of Ear, Nose and Throat conditions, discussed later in this Report, and the considerable increase in impetigo. Impetigo is the chief cause of the jump in the total attendance figures and it seems we spoke too soon in stating in the 1951 Report that this skin condition appeared to be dying out. Quite suddenly after the August holidays cases of impetigo of the face began to be found in schools and to be referred to us by Head Teachers. None of them could be considered at all severe by anyone with long experience of work among children but some took a considerable time

to clear up completely. At the end of the year the cases were fewer but the infection had not yet returned to its low incidence of recent years. Some little trouble was experienced in persuading parents that the spots needed active and regular treatment together with strict attention to personal hygiene. The fact is that many mothers have never heard of impetigo, and many of the younger doctors and nurses have probably never seen a severe case.

The conditions treated were as follows :—

	1952	1951
Ringworm—		
1. Scalp ... ..	0	0
2. Body ... ..	0	7
Scabies ... ..	2	14
Impetigo ... ..	115	11
Other Skin Diseases ... ..	45	32
External Eye Disease ... ..	123	293
E.N.T. Conditions ... ..	342	1,012
Miscellaneous Minor Ailments ... ..	1,801	1,818
Septic Wounds and Ulcers ... ..	91	190

**Defective Vision.** (Table IV, Group 2, Page 31).

Dr. Stewart Scott examined 974 children during the year. Glasses were prescribed for 456 of these and at the end of the year approximately 436 had actually obtained the glasses prescribed. Of these 31 were children referred by the Lancashire County Council Education Authority.

We do our utmost to co-operate with the Ophthalmic Services Committee of the Local Executive Council in avoiding unnecessary and duplicated refractions and prescriptions, but the strong local liking for a second opinion makes it impossible to escape these duplications altogether. Thus some parents whose children were not considered to need glasses at a first refraction are found to have visited an optician before their next refraction is due at this Clinic. Others, having been told that their glasses are satisfactory for the present are found to have a new pair when they come for their next appointment.

It seems that some people are as disappointed not to have glasses after a visit to the Ophthalmologist as they would be not to have a bottle of physic from a doctor and are unaware of the great value at times of leaving things alone and watching progress.

Large numbers of O.S.C.10. Forms for children who, have broken or lost their glasses, are brought to the School Clinic for a doctors signature and some names appear on these forms with monotonous regularity.

The unnecessary consultations and these carelessly broken glasses add much to the expense of the Health Services and the Education Authority's scheme but as things are at present little can be done about it.

As well as the usual refraction cases Dr. Scott examined and treated various other conditions.

Squint cases not requiring glasses (referred to Orthoptist for measurement and/or treatment	...	...	...	...	...	26
Conjunctivitis and Blepharitis (including re-examinations)	...	...	...	...	...	28
Lachrymal washouts	...	...	...	...	...	5
Nystagmus	...	...	...	...	...	3
Cyst and wart on eyelid	...	...	...	...	...	3
Optic Atrophy ; Cataract ; Detached retina ; Bilateral dislocation of Iris ; Pupillary Membrane ; Removal of foreign body in eye ; Corneal abrasions	...	...	...	...	...	1
						each

Altogether 43 non-Borough children have been examined.

Residential accommodation in Special Schools is provided for one blind and one partially sighted child.

### Orthoptic Report.

The Report for 1951 contained a brief outline of orthoptic practice and the organisation necessary to start the Clinic. This report is a simple record of work done during the year, and a summary of the progress made.

There are now 670 patients attending the Clinic of whom 119 are Lancashire County Council cases. The total attendances made during the year for all types of treatment were 3,205.

A uniformly high standard of vision has been maintained. 18 cases only have not responded to the occlusion type of treatment where this has been recommended, and their names are all on the waiting list for operation since they have very large squints. 53 cases have only a slight difference in vision, perhaps one or two lines of the Snellen's test-type, and as their appearance is good, the slight difference causes little concern.

62 cases have had courses of treatment on the synoptophore with good results, 12 of them having only such very small defects that they are technical imperfections rather than obvious squints. Under treatment they have improved considerably and are now regarded as cosmetically good. They return at intervals for routine checking. Ten, who commenced treatment during the last few months of the year, are continuing a little longer, and 14 have been put on the operation waiting list because other treatment is insufficient to straighten the eye completely. The remaining 26 show a very marked improvement and the majority of them can control their defect with ease.

Six adults have been referred to the Clinic for treatment during the year. Four are now symptom-free and two were referred to Manchester for further investigation, the detailed diagnosis of their particular symptoms being beyond the scope of this Clinic.

There are 69 names on the waiting list for operation and 12 others have undergone operations during the last six months, a noticeable improvement on 1951 when only five operation cases were admitted during the year. The



list is shortening rapidly, so that next year's figures should be even more satisfactory. One patient is waiting for re-admission because she was slightly over-corrected, but a minor adjustment is all that is required to make her eyes perfectly straight.

19 patients have been discharged absolutely. This number sounds small, but it is better to be quite certain that a squint is cured than to risk patients returning with a recurrence of symptoms.

DAPHNE A. DA CUNHA, D.B.O.

### Ear, Nose and Throat Conditions. (Table IV, Group 3, Page 31).

Again nasopharyngeal infection is the morbid condition most frequently met with in children. Where there is a septic focus in the tonsils or elsewhere, the matter can be dealt with and often relieved, but in the majority of children with infection in this area the only symptom is persistent and unpleasant nasal catarrh. This does not readily yield to any medical treatment, a fact which is hardly surprising since the catarrh is so often due to the breathing of damp and polluted air. Fortunately there is often little apparent constitutional disturbance associated with this catarrh, yet it seems unlikely that any child whose nostrils are more or less permanently obstructed with muco-pus can be as alert or full of joie-de-vivre as he would be with clear nasal passages. One result of the frequency of catarrh in this district is that many parents seem unaware of their children's condition until they are asked about it specifically.

### Children Attending Consultant Clinics.

	1952	1951
New Cases ... ..	574	396
Re-examinations ... ..	122	782
Children admitted to Hospital for removal of tonsils and adenoids ... ..	255	296
Children admitted to Hospital for other operative treatment ... ..	1	9

The considerable reduction in re-examinations is due to the fact mentioned above that large numbers of children with nasal catarrh were considered by the Aurists not to need treatment.

Again much acute ear infection has been relieved or arrested by the use of penicillin and this beneficial result is reflected in the very small number of children now referred to hospital for "other operative treatment", compared with the numbers so referred before penicillin was available.

At the end of the year there were 198 children on our waiting list for tonsillectomy, a very considerable improvement on the number at the end of 1951 which was 387. The "oldest" case had been waiting since December 1950.



Although tonsillectomy can never be considered an urgent operation it is found better to have some system of priority, and children whose general health is being affected by nasopharyngeal sepsis, and those who have had middle ear infection or repeated tonsillitis are dealt with comparatively quickly. Those who are considered better able to wait are children with a less degree of infection and obstruction, whose general health is not deteriorating.

Our educational work continues in this sphere especially with parents who ask for tonsillectomy for inadequate reasons such as the improvement of another child's health after the operation. Advice about nasal hygiene, ventilation, and a starch-reduced diet is often given and often disregarded.

Professor Ewing has continued to make available for our children his skill and care, and that of the Staff at the Department for the Education of the Deaf in Manchester University, and this is much appreciated. In January Professor Ewing asked for our collaboration in supplying details of all Rochdale children with defective hearing causing educational handicap, together with reports from the Head Teachers of their schools. This information was needed for an investigation promoted by the Medical Research Council into the extent and effect of deafness. The information assembled for this purpose concerned 11 children at present attending ordinary elementary schools in Rochdale, whose education is considered to have been in some degree handicapped by defective hearing or ear trouble. Not all these children are "ascertained" as being partially deaf. Some are still under treatment which it is hoped will completely cure them. Others have been considered suitable to attend ordinary school with the help of a hearing aid or lip reading instruction. We have mentioned in previous Reports that we have not so far found that a hearing aid, used by a single child in an ordinary class, is a satisfactory solution to the problem of the child with slight impairment of hearing.

### **Audiometric Testing.**

This work has been continued during 1952 and there has been an increase in the number of children tested. It was decided to take 18 decibels hearing loss in one or both ears as the standard of impairment. All children showing this standard of impairment were referred to a medical officer for further examination.

The method of testing used was the Gramophone type of Audiometer whereby 20 children can be tested at one time. This method is satisfactory in the age group tested here, i.e. 8 years and older. Younger children suspected of deafness are first referred to the Ear, Nose and Throat Clinic and thence to Professor Ewing for more accurate hearing tests if it is found necessary.

Only one child who was too young for the gramophone method of testing was referred to us in 1952 for a hearing test. She was sent to the Ear, Nose and Throat Clinic and received treatment there.

The Tables overleaf show the schools visited, the numbers of children tested and the results.

	No. tested	No. retested	No. referred to M.O.
SCHOOL :—			
Spotland ... ..	124	—	24
Lowerplace ... ..	558	1	40
Balderstone ... ..	111	17	14
Norden Senior ... ..	190	3	22
Norden Junior ... ..	43	3	38
St. Peter's ... ..	188	63	27
Greenbank ... ..	407	31	38
Others tested at M.A. Clinic ... ..	16	—	16
	<u>1,637</u>	<u>118</u>	<u>219</u>

214 of the children attended and were examined by a school medical officer.

They were classified as shown in the following table :—

Hearing found to be satisfactory for practical purposes ... ..	89
To be kept on observation in school ... ..	54
Referred to Minor Ailment Clinic for treatment ... ..	29
Referred to the Ear, Nose and Throat Clinic ... ..	35
Referred to or already under treatment from Professor Ewing ... ..	7
Did not attend for examination ... ..	5
	<u>219</u>

Of the number seen by Professor Ewing :—

Recommended to attend Lip Reading Classes ... ..	3
Recommended for places in a Residential School for the Partially Deaf ... ..	2
To be seen again by Professor Ewing in twelve months ... ..	1
Fitted with a hearing aid (which he refused to wear) ... ..	1

The number referred to the Ear, Nose and Throat Clinic was classified as follows :—

Treated at E.N.T. Clinic for Ear Disease ... ..	21
For review in twelve months ... ..	5
Put on Waiting List for removal of tonsils and adenoids ... ..	6
For early tonsillectomy ... ..	2
Otitis Media ... ..	1
	<u>35</u>



In March the Deputy School Medical Officer and the Physical Training Organiser gave lectures and demonstrations of exercises to strengthen the feet, both to Infant and Junior School-teachers. These teachers now instruct the children under their care in foot exercises during the Physical Recreation sessions.

### Consultant Paediatrician's Clinic.

On January 6th Dr. Wolman began a weekly consultant clinic at Smith Street and 56 children were referred to him by us during the year. Six were admitted to Lake View Continuation Hospital for a period of observation, treatment and convalescence. Three were taken in to Birch Hill Hospital for further investigation and one child was sent to the Children's Orthopaedic Hospital.

The large variety of conditions for which we need Dr. Wolman's advice is shown in the following list of children referred to him.

Heart conditions ... ..	2	Obesity ... ..	3
Chest conditions ... ..	2	Spinal Deformity ... ..	1
Asthma ... ..	9	Adenoma of Thyroid Gland	1
Urticaria ... ..	1	Chorea ... ..	1
Hay Fever ... ..	1	Glandular Dysfunction ...	1
Petit Mal ... ..	7	Speech Defect ... ..	1
Nocturnal Enuresis ... ..	5	Migraine ... ..	1
Other affections of the		Debility with no obvious	
nervous system ... ..	6	cause ... ..	14
TOTAL — 56			

Dr. Wolman's expert opinion and willing co-operation are much valued by the staff of the School Medical Services.

We find his advice particularly valuable in such cases as Open Air School children who are not progressing as rapidly as we should like. Also before ascertaining educationally subnormal children or recommending mentally defective children for notification it is often useful to have another opinion, as to whether the condition could be due to or aggravated by physical disease.

The most cordial relations exist between the Staff of this Service and the Consultant Paediatrician, the Chest Physician and others of the Regional Board's staff who are concerned with children.

### Child Guidance.

We have still no local facilities for child guidance or psychiatric treatment of school children. The Oldham Child Guidance Clinic very kindly examined one severely maladjusted child for us and this boy was later admitted to a Special Residential School. Two Rochdale children, both boys, are now away at such special schools and one girl is in a local home for maladjusted children and attending an ordinary elementary school. The maladjusted



children are the only handicapped children, apart from those with rare conditions, for whom we experience difficulty in obtaining adequate advice and treatment. In fact this seems to be the only real gap in our local child health services.

### Speech Therapy. (Table IV, Group 6, Page 33).

The Speech Clinic is open for five sessions a week, and occasional extra sessions have been used for visiting schools and homes. This extra session has proved of immense value in getting to know the teachers in the schools and the home background of the children who attend the Clinic.

During 1952, 1,087 attendances were made by 115 children. Of these 38 stammered and the rest had the following speech defects :—

Dyslalia ...	...	...	...	...	...	...	...	64
Sigmatism ...	...	...	...	...	...	...	...	12
Cleft Palate ...	...	...	...	...	...	...	...	1

The child with a Cleft Palate has undergone operative treatment and is making steady progress. A marked change in her speech was reported by the Surgeon after a re-visit to the Hospital six months later.

Three children from High Birch Special School for the Educationally Subnormal have been interviewed and one thirteen year old girl is receiving treatment.

12 children have been given advice and exercises to perform at home. They are children who are too young to be admitted for regular treatment or whose parents for one reason or another are unable to bring them to the Clinic each week.

The waiting list for Speech Therapy has been considerably reduced this year, and though all the children in Rochdale who have speech defects are not receiving treatment, no urgent case is kept waiting.

In all, 38 stammering children have been treated. The inability to laugh is often a very noticeable feature of these highly strung children, and many have an expression of strain and sadness. It is a pleasure to watch the facial expression change by degrees as they learn to relax both mentally and physically. It is the children of uncomprehending parents who have the greatest difficulty. Many will not understand that the practice must not be interrupted and consider that "the rest" lying down doing nothing is a waste of time, so the child is roused and sent out on an errand and never given the opportunity to relax at all. It is no wonder that such a child becomes discouraged after a time. Fortunately, there are other parents who do their utmost to help their children and try to produce a calm and sympathetic atmosphere at home. Several stammerers who suffer from enuresis have, with their increased confidence, overcome this difficulty and their self-respect has developed. As one small boy said at the Clinic, "Now I've got a bed like my sister's".

Much help has been given by many teachers to the children suffering from a dyslalia. In several schools the Head Teachers have been good enough to hear the children practise their exercises daily. As it is only possible for the children to attend the Clinic once a week this co-operation has been of great assistance.

C. J. CAPES, L.C.S.T.

### **Dental Inspection and Treatment.** (Table V, Page 33).

#### **Report of the Senior Dental Officer.**

During the year 33 School Departments were visited for routine dental inspection, 6,303 children being examined. Of these 2,570 were found to be free from dental caries and 2,851 were referred for treatment. 1,222 children attended as "Specials" and were both inspected and treated. In all 4,073 were referred for treatment, 3,219 received it in the clinics.

The dental condition of school entrants shows no improvement, many of them having extensive decay. A considerably proportion of available time is having to be spent on the younger age groups in an effort to prevent the premature loss of the deciduous and first permanent dentition. Much of this work is slow and difficult and in figures of fillings done the returns are small for the time spent. There appears to be an inadequate appreciation of the importance of sound baby teeth and the importance of regular toothbrush use. The majority of children seem to be provided with a brush and then left to use it according to their own inclination. Much trust is placed in the claims of the various coloured and flavoured dentifrices to prevent dental troubles and it should be appreciated that no toothpaste can do more than assist the brush to clean. It is not considered that the abolition of sweet rationing has caused undue trouble where care is taken over tooth cleaning, but it is an unfortunate fact that many seem to be perpetually chewing sweets without such care being taken and some even present themselves for treatment with toffee in their mouths.

During the last quarter of the year an X-ray machine was installed at the Open Air School Clinic, thus providing up-to-date diagnostic facilities. This has already proved of great value.

Although there has been a considerable increase in the number of officers entering the School Service our own staff has not benefited. There is a reluctance to come to industrial areas in the north unless there are local ties, possibly because of an idea generally held that the sky is permanently obscured with either rain or smoke. There would seem to be some point in making service more attractive in these parts so as to counterbalance the supposed advantages of rural and coastal districts. The school population is now approximately 12,000 and on the recognised basis of one officer to 3,000, our own establishment has been outdated. There is no adequate substitute for a full-time service in the School Clinics as a means of catering for the needs of all types of children and it is hoped that a speedy solution can be found to the problem of recruitment to the service.

				Year 1952			Year 1951
				Inspection	Treatment	Total	Total
Sessions	...	...	...	67	883	950	938
				Routine	Specials	Total	Total
Attendances	...	...	...	2,804	1,222	4,206	4,600
				Temporary	Permanent	Total	Total
Extractions	...	...	...	2,237	129	2,366	2,447
Fillings	...	...	...	262	2,730	2,992	3,488
Other Operations	...	...	...	313	1,217	1,530	1,531
General Anaesthetics	...	...	...	—	—	168	189

#### AGE GROUPS INSPECTED :—

3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
4	242	802	686	613	652	618	586	503	442	457	470	147	47	17	17

H. P. GLESDALE, L.D.S.

#### Infectious Disease.

The following cases were notified during the year among school children :—

							1952	1951
Scarlet Fever	...	...	...	...	...	...	20	35
Measles	...	...	...	...	...	...	326	209
Whooping Cough	...	...	...	...	...	...	84	26
Chicken-pox	...	...	...	...	...	...	143	152
German Measles	...	...	...	...	...	...	21	3
Alastrim	...	...	...	...	...	...	10	—
							604	425

The outbreak of alastrim early in the year is fully reported upon in the Medical Officer of Health's Annual Report.

#### Day Open Air School.

At the beginning of December there were 117 names on the register of the Open Air School. Of these, four were physically handicapped and 113 delicate. Two of the physically handicapped children suffered from spinal caries, one from congenital heart disease and one from haemophilia.

73 children were discharged during the year, and one little girl was removed by her mother against medical advice.

The children discharged had been suffering from the following conditions :—

						Boys	Girls
						<hr/>	<hr/>
Subnormal Nutrition	...	...	...	...		7	9+1 left
Debility and Anaemia	...	...	...	...		4	8
Asthma	...	...	...	...		3	1
Nervous Conditions	...	...	...	...		1	4
Heart Disease	...	...	...	...		1	2
Tubercular Glands	...	...	...	...		5	1
Tuberculosis of Knee	...	...	...	...		1	—
Maladjustment	...	...	...	...		1	—
Bronchitis	...	...	...	...		6	1
E.N.T. Conditions	...	...	...	...		1	1
Pre-Tuberculosis	...	...	...	...		2	—
Furunculosis	...	...	...	...		1	—
Osteomyelitis	...	...	...	...		1	—
Eczema	...	...	...	...		—	1
Cases on Observation	...	...	...	...		4	6
						<hr/>	<hr/>
						38	34+1
						<hr/>	<hr/>

The ten observation cases had the following symptoms on admission :—

1. Girl aged 12 years—Had been an in-patient at Lake View Hospital for four months, and had attended the Rochdale Infirmary for two years for nocturnal enuresis. On discharge from the Open Air School she had gained 12 lbs. and the enuresis was improving.
2. Girl aged 12 years—Re-admitted after a year's holiday in Canada, still complaining of dizziness and headaches. On discharge was well and her symptoms were relieved.
3. Girl aged seven years—Had been in Children's Hospital for five months for her general condition. She was thin and had recurrent blepharitis. On discharge had gained 12 lbs and was eating well.
4. Girl aged 12 years—Debilitated after chorea, was backward and frequently away from school. On discharge had gained 5 lbs., looked very well and had attended regularly.
5. Girl aged seven years—was rather thin, slightly puffy under her eyes and had a poor appetite. She had a history of kidney trouble and ear abscess. On discharge was fit and had gained 19½ lbs.





The children on observation are described as follows :—

1. Boy aged seven years—A pale child who had been investigated at the Rochdale Infirmary for attacks, possibly Petit Mal.
2. Boy aged 11 years—Thought to be overgrowing his strength and with a poor appetite.
3. Boy aged ten years—Undernourished, with poor musculature, stoop, lack of appetite and a very tired appearance. Admitted for observation of weight.
4. Girl aged 13 years—Said to be acting strangely and complaining of abdominal pains. Child not too happy at home with stepmother. She has very much improved already.
5. Girl aged 11 years—Re-admitted for frequent attacks of dizziness and headaches. She improved during her time in the Open Air School and was discharged the same year.

From the Table and these brief histories of children under observation, it will be seen that the school deals with increasing numbers of children whose problems are psychological as well as physical. With the care and close observation and increasing personal attention which is possible at the Open Air School these problems are better understood. Nearly all of them become happier and more settled.

Even twenty-five years ago the Open Air School child's needs were mainly nutritional. The typical entrant was underweight, spotty, pale, tired-looking, generally with some anaemia and poor muscle-tone and often showing some defect of bony structure. The condition was often due to inadequate food, overcrowding in an ill-ventilated slum house, and generally poor hygienic conditions, and was dealt with by the provision of good food, fresh air and rest.

Today nutritional deficiencies are comparatively few. When present they are not due to the right food not being available, but due to poor management and catering or some weakness or failure of assimilation, that is to say, the difficulties are personal instead of economic or social. Our problems at the school are now far more complex and all need to be assessed and treated individually.

### **Educationally Sub-normal Children, High Birch Special School.**

This school of 100 places was full at the beginning of the year and since then 30 children have left, their places being filled from the waiting list. Seven left to start work, 20 to go to other schools and three were notified to the Local Authority as ineducable under Section 57 (3) of the Education Act, 1944.

Of the 20 who were transferred to other schools one went to a residential special school, one to an approved school and 18 to ordinary schools. Of these, some had been found after a time at High Birch to be suffering chiefly from a specific retardation in reading. It was, therefore, decided that they should leave the special school and attend a special remedial class for reading, thereby making room at High Birch for other children with much lower intelligence who were on the waiting list.

It is a great help to a certifying officer if border-line defectives, especially those from poor homes, can be admitted to a special school for a period of observation. If they are indeed ineducable the fact is soon definitely established and much additional information becomes available for the notification. Parents are also much better satisfied when their "border-line" child has had its chance at a special school before being notified, and are less likely to have a sense of grievance at the notification itself.

Incidentally, there is much less antagonism to the notification of defectives since the establishment of an attractive and highly successful Occupation Centre in Rochdale.

The attendance at High Birch was 90.7% and 91.6% was the average attendance over all the schools. The year has been one of general expansion and consolidation in the work of the school. Birmingham and Rotherham schools have been visited and return visits have been made by the children from those places. A school dance was held at Christmas.

Several children attending the school have, since their admission, gone to live in other districts but all have wished to continue attending High Birch. One child travels from Todmorden daily and another from Littleborough and their attendance is excellent.

### **Children Reported to the Local Authority.**

13 children were recommended to the Education Committee for notification to the Local Authority, and were so notified during 1952. Of these ten were notified under Subsection 3 of Section 57 of the Education Act, 1944, one under Subsection 4 and two under Subsection 5.

### **Provision of School Meals.**

There are now 51 canteens in use for school meal purposes and the Authority has a producing capacity of approximately 5,170 meals per day. By December, 1952, 63 women supervisors and assistants were employed in the school canteens.

During 1952, 46,820 free meals were supplied (25,358 in 1947 ; 42,730 in 1948 ; 42,191 in 1949 ; 35,177 in 1950 and 26,963 in 1951). The sudden rise in numbers during last year was due to the local trade recession when large numbers of operatives, chiefly in the textile trade, were put on short time. The number of children's dinners for which payment was made was 941,644. (736,321 in 1947 ; 853,818 in 1948 ; 812,055 in 1949 ; 955,399 in 1950 and 902,751 in 1951). These figures do not include meals supplied to pupils at the Open Air School or the Nursery Schools. The Authority had the services of a School Meals Organiser for approximately eight months of the year.

The full-time workers employed by the Education Authority were medically examined in April by the school doctors and it is intended that this inspection shall take place annually. 63 persons were examined and one other failed to







Seven children were examined at the request of the Institute of Child Health for their National Survey or for other similar purposes. The father of one other child absolutely refused to allow his child to be examined for this purpose and since he attended a private school, no information was available.

### Diphtheria Immunisation.

The usual practice of visiting one half of the schools in the Spring and the other half in the Autumn was interfered with by the outbreak of Alastrim. Nevertheless, it was possible to visit all the schools at some time during the year. In addition the Saturday morning Clinic at Penn Street remained open for School children as well as for their younger brothers and sisters.

During the year 299 children of school age received a full course of immunisation and 1,252 children, previously immunised, receiving a reinforcing injection.

These figures represent a very considerable drop in the number receiving an initial course of immunisation, but an equally substantial increase in those receiving reinforcing injections. This is as it should be. Children who all receive their initial treatment in infancy should be ready for the first booster injection about the time at which they first attend school.

### Nursery Schools and Meanwood Nursery Class.

During the year 488 children were medically inspected at the Nursery Schools. As each child is inspected as a routine every six months, and more frequently when necessary, the total number of medical inspections carried out was 733.

The standard of nutrition was found to be satisfactory. Of the 488 children inspected 120 children (24%) were classified as being of Good nutrition (A); 362 children (74%) were classified as being of Fair nutrition (B); and eight children (1.6%) were classified as being of Poor nutrition (C). During the course of the year two of these eight children improved so that their nutrition was altered to "Fair".

50 cases were referred for special treatment for the following reasons, as compared with 123 in 1951.

	1952	1951
Ear, Nose and Throat Defects ... ..	14	45
Eye Defects ... ..	7	5
Orthopaedic Defects ... ..	5	25
Dental Caries ... ..	14	29
Skin Defect ... ..	1	—
Speech Defect ... ..	1	—
Consultant Paediatrician for Opinion ... ..	5	14
Consultant Surgeon for Opinion ... ..	1	5
Mentally retarded children referred for assessment to Dr. Mills ... ..	2	—

An attempt has been made during the year to treat minor ailments and defects either at the Nursery Schools or by referring children to their own doctors. Most of the parents have been present at medical inspections and have been very willing to co-operate. Several parents have brought their children either to the Public Health Office or to one of the Child Welfare Clinics during the holidays, so that the children have been helped as much as possible before actually referring them to a Specialist.

It has been greatly appreciated by the Medical Officer that there has been such good co-operation between Head Teachers, Health Visitors and parents, and it is felt that such co-operation has made all the difference in the treatment of minor ailments and defects in the Nursery Schools.

The Health Visitors made 4,520 examinations during the year for verminous infestations of the head. Of these examinations, 4,307 showed children's heads to be clean, 202 showed heads to have nits and 11 showed heads to have vermin.

Diphtheria and Whooping Cough immunisations were carried out in the Nursery Schools for all new entrants not previously immunised, and re-inforcing doses were given to those five year olds who were leaving to join the Junior Elementary Schools.

### Cost of Medical and Dental Inspections.

The cost of this Department from April 1st, 1951 to March 31st, 1952 was as follows :—

	£	s.	d.
Salaries ... ..	10,128	1	6
Printing, Stationery and Advertising ... ..	360	14	1
Drugs, Materials, Apparatus ... ..	863	6	1
Travelling ... ..	126	15	7
Postage and Telephones ... ..	207	1	7
Rent, Rates ... ..	356	0	9
Upkeep of Premises ... ..	340	17	9
Fuel, Light and Cleaning ... ..	718	19	7
Cleansing of Pupils and Clothing ... ..	254	0	0
Conveyance of Children ... ..	228	10	9
Other Expenses ... ..	40	9	7
Uniform and Clothing ... ..	179	1	1
Services of Educational Psychologist ... ..	210	16	6
National Insurance—Employer's Contribution ... ..	164	0	5
Cod Liver Oil and Orange Juice ... ..	216	5	2
	<u>£14,395</u>	<u>0</u>	<u>5</u>

**MEDICAL INSPECTION RETURNS.**

YEAR ENDED 31ST DECEMBER, 1952.

**TABLE I.**

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

**A.—PERIODIC MEDICAL INSPECTIONS.**

Number of Inspections in the Prescribed Groups :—

Entrants	...	...	...	...	...	...	...	1,165
Second Age Group (11 +)	...	...	...	...	...	...	...	860
Third Age Group (Leavers)	...	...	...	...	...	...	...	745
Total								2,770

Number of other Periodic Inspections	...	...	...	...	...	...	989
(8 yrs. old and others)							

Grand Total	...	...	...	...	...	...	3,759
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**B.—OTHER INSPECTIONS.**

Number of Special Inspections	...	...	...	...	...	...	241
Number of Re-Inspections	...	...	...	...	...	...	3,352
Total						...	3,593

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease  (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Re- quiring Treat- ment (2)	Requiring to be kept under observation but not requiring Treatment (3)	Re- quiring Treat- ment (4)	Requiring to be kept under observation but not requiring Treatment (5)
4	Skin... ..	7	15	—	12
5	Eyes—a. Vision ... ..	143	353	214	599
	b. Squint ... ..	12	60	13	119
	c. Other ... ..	2	10	3	10
6	Ears—a. Hearing... ..	11	17	6	16
	b. Otitis Media ... ..	2	24	1	14
	c. Other ... ..	6	6	1	4
7	Nose or Throat ... ..	65	239	77	241
8	Speech ... ..	12	33	23	55
9	Cervical Glands ... ..	—	64	—	42
10	Heart and Circulation ... ..	1	54	1	37
11	Lungs ... ..	1	65	2	56
12	Developmental— ... ..				
	a. Hernia ... ..	—	1	—	5
	b. Other ... ..	1	27	—	16
13	Orthopaedic— ... ..				
	a. Posture ... ..	11	58	6	33
	b. Flat foot ... ..	80	74	21	38
	c. Other ... ..	110	112	48	112
14	Nervous System— ... ..				
	a. Epilepsy ... ..	1	2	—	5
	b. Other ... ..	—	10	1	11
15	Psychological— ... ..				
	a. Development ... ..	9	39	34	122
	b. Stability ... ..	—	—	—	2
16	Other ... ..	8	19	5	22



TABLE II.—(continued).

## B.—Classification of the General Condition of Pupils Inspected during the year in the Age Groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ... ..	1,165	196	16.82	819	70.30	150	12.44
Second Age Group ...	860	172	20.00	643	74.76	45	5.69
Third Age Group ...	745	287	38.25	434	58.25	24	3.31
Other Periodic Inspections	989	239	24.16	666	66.22	84	9.49
Total ...	3,759	894	22.98	2,562	68.15	303	8.66

TABLE III.—Infestation with Vermin.

- (i) Total number of examinations in the schools by school nurses or other authorised persons ... .. 15,687
- (ii) Total number of *individual* pupils found to be infested ... .. 1,430
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... .. 1,430
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ... .. 69

**TABLE IV.**

Treatment of Pupils attending Maintained Primary and Secondary Schools  
(including Special Schools)

**GROUP 1.—Diseases of the Skin** (excluding uncleanliness, for which see Table III)

Ringworm— (i) Scalp	...	...	...	...	...	...	...	—
(ii) Body	...	...	...	...	...	...	...	—
Scabies	...	...	...	...	...	...	...	2
Impetigo	...	...	...	...	...	...	...	115
Other skin diseases	...	...	...	...	...	...	...	45
Total ...								<u>162</u>

**GROUP 2.—Eye Diseases, Defective Vision and Squint.**

External and other, excluding errors of refraction and squint...	...	123
Errors of Refraction (including squint) ...	...	934
Total ...		<u>1,057</u>

No. of Pupils for whom spectacles were :—

(a) Prescribed	...	...	...	...	456
(b) Obtained	...	...	...	...	436
Total ...					<u>892</u>

**GROUP 3.—Diseases and Defects of Ear, Nose and Throat.**

Received operative treatment—

(a) for diseases of the ear	...	...	...	...	1
(b) for adenoids and chronic tonsillitis	...	...	...	...	255
(c) for other nose and throat conditions	...	...	...	...	—
Received other forms of treatment	...	...	...	...	342
Total ...					<u>598</u>

**GROUP 4.—Orthopaedic and Postural Defects.**

(a) No. treated as in-patients in hospitals	...	...	...	...	5
(b) No. treated otherwise e.g. in clinics or out-patient departments	...				357

**GROUP 5.—Child Guidance Treatment.**

No. of pupils treated under Child Guidance arrangements	...	...			—
---	-----	-----	--	--	---

**GROUP 6.—Speech Therapy.**

No. of Pupils treated under Speech Therapy arrangements	...	...			115
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**GROUP 7.—Other Treatment Given.**

(a) Miscellaneous minor ailments...	...	...	...	...	...	1,801
(b) Other (specify)						
Septic wounds and ulcers	...	...	...	...	...	91
						<hr/>
					Total	1,892
						<hr/>





TABLE VI.

# HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	(1) Blind (2) Par- tially sighted		(3) Deaf (4) Par- tially Deaf		(5) Deli- cate (6) Physi- cally Handi- capped		(7) Educa- tionally subnor- mal (8) Malad- justed		(9) Epi- leptic	Total 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st December, 1952 :—										
(A) Handicapped Pupils newly placed in Special Schools or Boarding Homes ...	—	—	—	5	71	1	28	1	1	107
(B) Handicapped pupils newly ascertained as requiring Education at Special School or boarding in Homes ...	—	—	—	2	66	—	29	1	—	98
On or about December 1st, 1952 :—										
(C) Number of Handicapped Pupils from the area—										
(i) attending Special Schools										
(a) as Day Pupils ...	—	—	—	—	113	4	100	—	—	217
(b) as Boarding Pupils...	1	1	6	13	—	2	5	1	3	32
(ii) attending independent schools under Authority arrangements ...	—	—	—	—	—	—	—	1	—	1
(iii) boarded in Homes ...	—	—	—	—	—	—	—	1	—	1
TOTAL (C)	1	1	6	13	113	6	105	3	3	251
(D) Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals ...	—	—	—	—	20	8	—	—	—	28
(ii) elsewhere ...	—	—	—	—	—	1	—	—	—	1
(E) Number of Handicapped Pupils from the area re- quiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition) ...	—	—	—	—	4	—	24	—	—	28

Number of children reported during the year—

(a) under Section 57 (3) excluding any returned under (b))—10

(b) " " " " relying on Section 57 (4)—1

(c) " " " " 57 (5)—2

of the Education Act, 1944





